

# West Side Community House



## Participant Application 2011-2012

For Girls Ages 10-15

**Please mail, fax or email completed application to:**

West Side Community House

Attn: Allison "Ms. Ali" McClain, Out-of-School-Time Director

9300 Lorain Avenue

Cleveland, OH 44102

Fax: 216-771-0620

[AMcClain@WSCHouse.org](mailto:AMcClain@WSCHouse.org)

**Date of application:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone Number:** (    ) \_\_\_\_\_

**Other Phone Number:** (    ) \_\_\_\_\_

**Email:** \_\_\_\_\_

**Age and Date of Birth:** \_\_\_\_\_

**School you now attend:**

\_\_\_\_\_

**Current Grade Level:** \_\_\_\_\_

**How did you hear about *Sisterhood*?**

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**Do you have any health conditions we should know about? (If yes, please explain):**

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**Ethnic Background (place an "X" on the line for all that apply):**

\_\_\_\_ African American/African/Black \_\_\_\_ Asian

\_\_\_\_ Caucasian/White

\_\_\_\_ Mexican American

\_\_\_\_ Hawaiian/Pacific Islander

\_\_\_\_ Hispanic/Latino

\_\_\_\_ Native American/Indian

\_\_\_\_ Other (please specify):

**Religion (optional):** \_\_\_\_\_

**Language Proficiency:**

**Is English your first language?** \_\_\_\_\_

**What is your primary language?** \_\_\_\_\_

**Which languages, other than English, do you speak fluently?**

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**Why are you interested in joining *Sisterhood*?**

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**What kinds of extra-curricular activities are you involved in? Do you have any special talents?**

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**Have you won any scholarships or awards you would like to share?**

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If selected into the program can you make a dedicated time commitment to the program? (Strong attendance is not mandatory, but strongly encouraged). The program meets every Tuesday from 3:00 p.m. – 5:30 p.m. *and* every Wednesday – Friday from 3:00 p.m. – 7:00 p.m.

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If you are not accepted into *Sisterhood* at this time, are you still interested in becoming a member of *Summer of Sisterhood during summer 2012*?

\_\_\_ Yes, definitely!

\_\_\_ Maybe/Unsure

\_\_\_ No

What will be your means of transportation to the program?

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For Girls Ages 16 and up **ONLY**

Describe your leadership skills:

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Why do you want to be a mentor in the *Sisterhood* program?

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What does the word “mentor” mean to you?

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