

**West Side
Community House**

Sisterhood School Year 2021- 2022 Application

Thank you for your interest in the 2021-2022 Sisterhood school year program at West Side Community House. Sisterhood is an after school program for girls ages 10-18. Our mission is to prepare girls for womanhood and their lives beyond. Please carefully read through the application and fill it out completely and legibly. Ongoing or until space is filled. **Please return your completed application to:**

West Side Community House

Attn: Maya Smith, Youth Services Director

9300 Lorain Avenue

Cleveland, OH 44102

Phone: (216) 771-7297 x315 Email: msmith@wschouse.org

Fax: (216) 771-0620

NOTE: All applications must be signed by the applicant's parent or guardian.

Program Dates: September 15th, 2021– May 6th, 2022

Mandatory Program Orientation: Wednesday September 15th, 2021.

Program Days & Times: Tuesdays – Fridays from 3:00p.m. to 6:00p.m.

Subject to change with notice

For Applicant

Date of Application: _____

Name: _____ **Age:** _____ **Date of Birth:** _____

Gender Pronouns: _____

Address: _____
(Apt.) (City/State/Zip)

Phone Number: _____ (Phone #1) (Phone #2)

Email: _____

School you attend for the 2021-2022 School Year: _____

Your current grade level: _____

How did you hear about Sisterhood? _____

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

Ethnicity: _____ **Religion (optional):** _____

Language Proficiency:

Is English your first language? : Yes or No (optional)

What is your primary language? _____

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

Why are you interested in joining Sisterhood?

What are some of your hobbies and interests?

Are you active on social media? Which one(s)

What goals do you want to achieve this school year?

Are you involved in any other activities at school/church/community?

What will be your means of transportation to the program?

Are you interested in applying for the 2022 Summer of Sisterhood program?

_____ Yes, definitely! _____ Maybe/Unsure _____ No

Would you like more information? Yes or No

Why should we select you into the Sisterhood program at this time?

Please provide the name and phone number of a reference that we may contact regarding your application. You may ONLY list a teacher, coach, principal or family member (outside of parents):

Name: _____ Title: _____

Phone Number: _____

For Girls Ages 16 and up ONLY

What makes you a good leader?

Do you have any experience working with girls younger than you? Tell us about the experience.

Applicant's Parent/Guardian Name and Signature:

Print : _____

Signature: _____

