West Jide Community House

2016 Summer of Sisterhood Application

Early applications are strongly encouraged! Program space is limited. Please read carefully and type or write clearly. This application must be signed by a parent/guardian. Incomplete or late applications will not be accepted.

Application Deadline: Friday, April 29, 2016 by 6:00 p.m.

Camp Dates: June 15, 2016 – August 5, 2016

Camp Schedule: Mondays – Fridays from 1:00 p.m. – 6:00 p.m.

Camp Eligibility: For girls ages 10-18 only

Camp Cost: FREE!

Todav's Date:

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| Section 1: Personal Inf | ormat | ion | | | |
|-----------------------------|--------|-----------|--------|----------|------------|
| Full Name | | | | | |
| (First) | | | | (Last) | |
| Age Date of Bird | | | | | |
| | | (month) / | (day) | / (year) | |
| Address | | | | | |
| Address | (City) | (5 | State) | | (Zip Code) |
| Main Phone Number | | | | | |
| Alternate Phone Number _ | | | | | |
| Email | | | | | |
| Instagram/Facebook/Twit | ter | | | | |
| What size T-shirt do you w | ear | | | | |
| School | | | | | |
| Grade Level (as of today) _ | | Favorite | Subje | ect | |

Thank you and good luck!

| • | Iny health conditions we should know about? Note: The equire girls to be physically active every day. |
|--|---|
| Race/Ethnicit | : y |
| Section 2: H | Ielp Us Make Our Selection! |
| | ny creative projects or extracurricular activities in which in at school or in the community: |
| 2. List two peo | ople you admire or look up to and explain why: |
| Friday from 1:0 day from June | very strict attendance policy. Camp meets Monday – 00 p.m. to 6:00 p.m. Will you be able to attend camp every 15 th – August 5 th for the entire time? Please tell us about ees you will not be able to attend. Participants are only nees. |
| 4. Please list a the past year: | any awards, honors or scholarships you have received in |
| 5. Why should | I we select you into the program? |
| | |

Thank you and good luck!

| out by an adult teacher, principal, community leader, counselor or coach | .eu |
|---|--------------------------|
| Please tell us why you are recommending the potential participant: | |
| | |
| Signature Phone | |
| Section 4: IMPORTANT Next Steps | |
| Auditions will be held in May for 50-60 select girls. The audition da and time is tentatively scheduled for Saturday, May 21, 2016 at 9: a.m. Girls will have to showcase their talents in singing, acting and dancing and display their level of maturity and leadership skills throughout the audition. The final 30-35 girls will be selected the week of June. Girls must complete the application and audition proin order to be considered for the program. We do not accept girls solely based on talent. We accept girls based on attitude, enthusiand commitment to the program. | 00 I first cess |
| Section 5: Parent/Guardian Signature - All applications MUST be signed by a parent/guardian | |
| Parent Name (Please Print): | |
| Parent Signature: | |

Section 6: Where to submit your application...

Application Deadline: Friday, April 29, 2016 by 6:00 p.m.

Return your completed application to:

West Side Community House Attn: Ali McClain, Youth Services Director 9300 Lorain Avenue Cleveland, OH 44102

Phone: 216-771-7297 x315 Fax: 216-771-0620 Email: amcclain@wschouse.org

Thank you and good luck!