

National Coalition of 100 Black Women – Rhode Island Chapter
Leadership Education And Development High School Program Application (2010-2011)

Name _____ Date of Birth _____

Address _____ e-mail _____

City _____ State _____ Zip _____ Phone _____

Parent/Guardian's name _____

Address _____ Phone _____

Name of High School you are currently attending _____

As of Sept. 2010, I will be a: ___ Freshman ___ Sophomore ___ Junior ___ Senior

I am eligible for free school lunch: ___ Yes ___ No

Check all the statements that apply to you:

___ I consider myself an African-American female and am interested in learning more about my culture.

___ I would like to be part of a group of girls my age and participate in discussions, activities, trips, etc.

___ I can usually get someone to drop me off and pick me up after school and on weekends.

___ When I join a group or activity, I usually participate for 6 months to 12 months.

___ I am very action oriented and prefer programs that don't require assignments and a lot of discussion.

___ I am interested in going to college

___ I would like to work full-time after graduation from high school

___ I am interested in learning about various career fields I might want to pursue

___ I am interested in finding employment during the summer months

___ I am interested in learning how to become a junior mentor for a middle school girl

___ I work after school and/or weekends. Days/hours worked _____

___ I have family obligations after school and/or on weekends. They are: _____

List any extracurricular activities/hobbies you participate in: _____

How do you usually spend your time after school? _____

What kinds of thing would you like to do after school if given the opportunity? _____

Tell us some things about yourself that describe what kind of person you are _____

Tell us why you are interested in participating in the LEAD Program _____

I understand that the LEAD Program meets every week during the weeks that school is in session. If chosen for the program, I agree to attend all weekly sessions.

Applicant's signature Date signed

I give my daughter permission to participate in the LEAD Program. I will encourage her to attend all weekly sessions and complete all assignments. I am willing to provide transportation for her, if needed, for sessions or trips.

Parent/guardian's signature Date signed

This application must be returned by **August 1, 2010**. You can mail it to: **LEAD Mentoring Program, P.O. Box 27739, Providence, RI 02907.**