



PROGRAM APPLICATION

PLEASE MAIL OR EMAIL THIS APPLICATION TO:

**ATTN: ADMISSIONS
ALWAYS SISTERS CLUB
1641 SAINT MARKS AVENUE 1F
BROOKLYN, NY 11233
PROJECTMENTORDC@GMAIL.COM
Tel# 866-857-8300**

ELIGIBILITY

- ✓ Must live in the Brooklyn, NY
- ✓ Girls ages 13-21
- ✓ Must have interest in community service project
- ✓ Girls must want to be a part of our program

TERMS & CONDITIONS

- ✓ Always Sisters' club meet on Sundays 3:00pm-5:00pm (weekly participation is required)
- ✓ Girls are required to pay a fee of \$55.50 a month (due on the 1st Sunday of the Month)
- ✓ Girls are required to follow PMDC Always Sisters Code of conduct (see attached document) as well as additional rules incorporated by instructors
- ✓ Students accepted into the program will be required to complete the Always Sisters Health History Form.

Part I: APPLICANT INFORMATION

APPLICANT'S NAME: _____
LAST MIDDLE FIRST

DATE OF BIRTH: _____ AGE AT TIME OF APPLICATION _____
MM/DD/YYYY

E-MAIL ADDRESS: _____

MOBIL NUMBER (IF APPLICABLE) _____

HOME ADDRESS: _____
NUMBER STREET (APARTMENT NUMBER, IF APPLICABLE)

CITY STATE ZIP CODE OR PROVINCE COUNTRY

Call Ms. Cochran at 866-857-8300 for appointment



2014-2015 ALWAYS SISTERS EMPOWERMENT CLUB

PART II: PARENT/GUARDIAN INFORMATION

I PARENT/GUARDIAN NAME: _____
LAST MIDDLE FIRST

II PARENT/GUARDIAN NAME: _____
LAST MIDDLE FIRST

HOME NUMBER# () _____ MOBIL NUMBER# () _____

WORK NUMBER# () _____ E-MAIL ADDRESS _____

(II Parent)

HOME NUMBER# () _____ MOBIL NUMBER# () _____

WORK NUMBER# () _____ E-MAIL ADDRESS _____

PARENT/GUARDIAN II NAME _____
LAST MIDDLE FIRST

DOES YOUR CHILD HAVE YOUR PERMISISON TO TRAVEL ALONE? _____

PART III: EMERGENCY CONTACT INFORMATION

EMERGENCY CONTACT NAME: _____ RELATIONSHIP _____

HOME NUMBER () _____ MOBIL NUMBER _____

PART IV: ACADEMIC INFORMATION

SCHOOL: _____

SCHOOL TELEPHONE NUMBER _____

ACADEMIC STANDING _____
CUMULATIVE GPA HONORS/ACCOLDES

PLEASE ATTACH A COPY OF YOUR OFFICIAL TRANSCRIT/REPORT CARD TO THIS APPLICATION.

PART V: LEADERSHIP EXPERIENCE

ACTIVITY	POSITION	RESPONSIBILITIES

PART VI: EXTRACURRICULAR ACTITVITIES

ACTIVITIES	DESCRIPTION



2015-2016 ALWAYS SISTERS EMPOWERMENT CLUB III

PART VII: ESSAY QUESTIONS

Please respond to each of the following questions and number each response. Clearly identify your full name, school and date of birth on the top of each page.

1. If you were to write an autobiography, what would be the first two paragraphs? (minimum word length 150)
2. Briefly discuss a social issue that you are passionate about and the steps that you would take to make a difference (minimum word length of 150)

PART VIII: VIDEO SUBMISSION (optional)

Submit a one-minute video blog that describes why you want to be a part of Always Sisters Empowerment Club

RECOMMENDATIONS

Please submit two recommendations. One recommendation must come from a school administrator or faculty member. The second must come from a family member, mentor or community leader over the age of 18

PHOTOGRAPHY RIGHTS AND PERMISSION

I understand that during the course of this program and all involvement therein, my child’s photo and or video likeness may be taken, and I hereby give my consent to use any such photo or video in conjunction with promotional use or media coverage.

X _____
PARENT/GUARDIAN SIGNATURE

DISCLAIMER

I understand that Project Mentor Development Council’s Always Sisters Club reserves the right to change, cancel, or modify the program’s workshops, themes, or faculty at anytime. Project Mentor Development Council also reserves the right to withdraw any student whose behavior defies the culture and code of conduct. Any violation of Project Mentor Development Council rules and regulations will result in an automatic and immediate dismissal from the program. Project Mentor Development Council cannot be held liable for personal injury or damage to or loss of personal property.

X _____
PARENT/GUARDIAN SIGNATURE

APPLICANT SIGNATURE _____ DATE _____

PARENT SIGNATURE _____ DATE _____

Note: Once application is completed contact Ms Cochran at 866-857-8300 for appointment.