



Program Application for 2014 Session - \$250 program fee

On January 1 of the year of the program, the participant must be between the ages of 10 and 14 OR must be between grades five and eight. Please answer all questions based on this January 1, 2014 date.

Name: _____ Age: _____ Birthdate: _____

Parent Email _____ Student Email _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ School _____ Grade in School: _____

Grade Average: (circle) A B C D F Not Graded

Guardian: _____ Mother _____ Father _____ Other

School & Community Activities: Please list activities in order of importance, most recent and most important first.

Talents and Hobbies: _____

Areas of Improvement: Please list areas in which you need improvement. Your answer can be related to: school, social skills, extracurricular activities, etc. _____

Release of Liability: In consideration of being accepted as a participant in "A Girl's Gift" Program, we, the participant and the parents and/or guardians of the participant individually named below, do hereby release A GIRL'S GIFT INC., its directors, staff, employees, and volunteers from any and all claims and damages directly or indirectly resulting from named participant's participation in any and all activities and programs sponsored by "A Girl's Gift Inc."

Participant Signature _____ Parent(s') Signature _____ Date _____

Applications can be emailed or faxed. Application fees can be paid via www.paypal.com to supporter@agirlsgift.org. Payments should be labeled as "Application fee" and include the Applicant's Name. We will send applicants an email acknowledging receipt of applications and fees.

317.863.1330(o) 317.663.0748(f) www.agirlsgift.com

Essay Question: If you could start your own business, what would it be? Please provide a company description and Company motto. Please put considerable thought into this question, as business plans will be based on your response. This question must be answered by the applicant in her own words. Please attach a separate sheet for this question and check below indicating completion of the essay question. Essay Question Completed by Applicant only _____(Please Initial)

Will you be applying for financial assistance? _____

If you are requesting full or partial financial assistance, please indicate so below and we will contact you with options. Please use the space provided to write in any additional information that you would like us to know regarding your request for assistance.

***Please note that the \$25 application fee cannot be waived.**

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