

YWCA West Central Michigan Helen Claytor Center for Girls' Leadership

Thank you for your interest. Your information will be kept strictly confidential, and you will be contacted soon.

| | | | |
|--|--|--------------------------|--|
| Youth Name: | | Birthdate: | |
| Youth Phone: | | Youth Preferred Pronoun: | |
| Mailing Address: | | | |
| City: | | Zip: | |
| Youth Email Address: | | | |
| Guardian Name: | | Guardian Phone: | |
| Guardian Email Address: | | | |
| Preferred Method of Contact: | Youth: <input type="checkbox"/> Text <input type="checkbox"/> Email <input type="checkbox"/> Contact Guardian | | Guardian: <input type="checkbox"/> Text <input type="checkbox"/> Email |
| Name of School: | | Grade: | |
| Race/Ethnicity (<i>Optional</i>) Please check all that apply: | <input type="checkbox"/> African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Asian American <input type="checkbox"/> Hispanic/Latina <input type="checkbox"/> Arab American <input type="checkbox"/> Multi-ethnic <input type="checkbox"/> Native American <input type="checkbox"/> Other: _____ | | |
| I am mostly: | <input type="checkbox"/> Introverted (More Quiet) <input type="checkbox"/> Extraverted (More Talkative) <input type="checkbox"/> Not Sure | | |
| With most activities, which would you prefer? | <input type="checkbox"/> Activities where I can work independently <input type="checkbox"/> Activities where I can interact with many others | | |
| What are three social issues that you are passionate about? | | | |
| Do you foresee any challenges to participating in this program? | <input type="checkbox"/> Job _____ <input type="checkbox"/> Time _____ <input type="checkbox"/> Transportation _____ <input type="checkbox"/> Other _____ | | |
| How did you hear about the program? | | | |
| Signature of Applicant: | | Date: | |
| Signature of Parent/Guardian: | | Date: | |

Note: Interested participants who self-identify as female are welcome to apply to our programs. This includes participants who were not assigned to the female sex at birth, but live and identify as female now and those legally assigned to the female sex who identify as transgender or gender non-conforming.

Please return completed applications to:
Prevention and Empowerment Services
 YWCA West Central Michigan
 25 Sheldon Blvd. SE
 Grand Rapids, MI 49503
 Phone: 616-426-3721
 Email: iraap@ywcawcmi.org
 Fax: 616-459-5423

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Please tell us more about yourself and answer the following questions:

1. What do you like to do? How do you like to spend your time? (hobbies, interests, sports etc.)
2. Why do you want to be part of this group? What do you feel that you will contribute to the group?
3. Describe yourself in three words.
4. If you could change one thing for young women your age, what would it be?
5. Please describe a young woman/women you admire, and explain why.

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