



POWERGIRLS SUMMER LEADERSHIP INSTITUTE

2009

Program Dates: July 11-23, 2009

Program Site: Bennett College for Women
Greensboro, North Carolina

Application Deadline: June 12, 2009

POWER[★]girls

Follow Me...I Was Born to Lead!

Program of the

THE JOHNNETTA B. COLE
GLOBAL DIVERSITY & INCLUSION INSTITUTE
FOUNDED AT BENNETT COLLEGE FOR WOMEN





The PowerGirls Summer Leadership Institute is a summer residential program of The Johnnetta B. Cole Global Diversity & Inclusion Institute, for girls ages 14 to 17. Through leadership training, mentoring, character development, exposure to professional excellence, real world applications and environments that embrace and promote the vital characteristics of leadership, we seek to arm young women with the knowledge and readiness for competition and excellence in the global community.

The program will provide attendees with an opportunity to focus on building leadership capacity; developing oral, written and interpersonal skills; becoming a “Totally Responsible Person”; enhancing cultural competencies aimed at accepting and appreciating the differences of others; examining issues that affect women within the global marketplace; and encouraging the participation in community and world activism and involvement.

The program is designed to provide a positive, invigorating and fun environment for high school girls (grades 9-12) to grow and learn.

In order to process your 2009 PowerGirls Summer Leadership Institute Application, our office must have the following items:

- Two (2) Copies of completed PowerGirls Summer Leadership Institute application
A 3x5 photo must accompany each copy of the application
- One Page Essay- “How do you think attending this program will contribute to your personal development?”
- Letter of Recommendation from your counselor, teacher, or community service director.
- Most Recent Grade/Progress Report
- A Completed PowerGirls Network Personal Profile
- \$50.00 Application Fee (non-refundable)
- \$200.00 Program Deposit (refundable before June 1, 2009)

The PowerGirls Summer Leadership Institute Fee Summary	
Summer Leadership Institute Program Fees	\$1,200.00
Application Fee	\$50.00 due with application
Program Deposit Fee	\$200.00 due by June 12, 2009
Balance of Program Fees	\$1,000.00 due by July 6, 2009
Key Deposit	\$50.00 due at Check-in on July 11, 2009

All applications must be received by June 12, 2009. Applications will only be accepted by mail, package delivery service or personal delivery. Incomplete applications will not be processed by the JBC Institute/PowerGirls Staff.

Please return all materials to:
The Johnnetta B. Cole Global Diversity & Inclusion Institute
The Sebastian House
1402 East Washington Street
Greensboro, NC 27401

If you have further questions or concerns, please call our office at 336.517.2272 or e-mail powergirls@jbcinstitute.org.



PowerGirls Summer Leadership Institute Application
 Location: Greensboro, North Carolina [Bennett College for Women]
 July 11-23, 2009

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
I like to be called	Age	DOB	
Street Address		Apartment/Unit #	
City	State	ZIP	
Race/Ethnicity			
Are you a citizen of the United States? YES <input type="checkbox"/> NO <input type="checkbox"/>			
International Students: Do you have a passport YES <input type="checkbox"/> NO <input type="checkbox"/>			
Will you need a Visa to travel to the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>			

EDUCATION			
High School	Address		
City	State	ZIP	
Country	Year of Graduation		

FAMILY INFORMATION			
<i>Mother/Guardian Information</i>			
Mother's Name			
Address			
City	State	ZIP	
Home Phone	Work/Cell Phone		
E-mail			

FAMILY INFORMATION			
<i>Father/Guardian Information</i>			
Father's Name			
Address			
City	State	ZIP	
Home Phone	Work/Cell Phone		
E-mail			

EMERGENCY INFORMATION			
Emergency Contact			
Address			
City	State	ZIP	
Home Phone	Work/Cell Phone		



PowerGirls Summer Leadership Institute Application

Scholarship/Financial Aid Application Form

Location: Bennett College for Women

July 11-23, 2009

Financial Aid awards for the PowerGirls Summer Leadership Institute are awarded to young women who can demonstrate both need and talent. Awards are limited in both number and size and cover tuition and fees only. The largest awards will not exceed one half of the program's total fees. Priority consideration is given to applications received earliest until all aid funds have been allocated.

NOTE: If you decide to cancel enrollment due to insufficient financial aid, you must notify us within 10 days of award notification in order to receive a full refund of your program deposit (prior to June 1, 2009).

Scholarship/Financial Aid Application Instructions

1. Write in the space below the amount of aid you believe you will need in order to attend the program. (Scholarship awards will not exceed one half of the program's total fees).
2. Attach a brief essay describing your Financial Situation and Need for Aid. Be sure to include any extenuating circumstances that may not be apparent on the tax forms submitted. The essay should be typed, 12 point font, and a maximum of 2 pages.
3. Attach copies of W-2 or 1099 Forms for 2008 for both Mother and Father or Guardians.

SCHOLARSHIP APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
E-mail		School Grade	

SCHOLARSHIP AMOUNT REQUESTED	
Amount of Aid Requested:	
Disclaimer and Signature of Parent/Guardian	
I certify that my answers are true and complete to the best of my knowledge.	
Parent Signature	Date
Student Signature	Date



Personal Profile

APPLICANT INFORMATION					
Name		Age			
Street Address			Apartment/Unit #		
City	State	ZIP			
School			Grade	GPA	
Career Interest					
College Interest					

GENERAL APPLICANT INFORMATION
Extracurricular Activities
Hobbies
Person you Most Admire & Why
Tell us about a special mentor (formal/informal) that has influenced your life thus far
Tell us what kinds of community service activities you participate in. If yes, how many hours per month? _____
What do you like most about yourself?
What things about yourself would you most like to improve?
Where do you see yourself 5 years from now?
What do you hope to gain from your PowerGirls experience?
How did you learn about PowerGirls?
Name of Hometown Newspaper

PLEASE COMPLETE
Is your school or girl serving organization a PowerGirls Network Member? YES <input type="checkbox"/> NO <input type="checkbox"/>
If yes, please us what organization or school



Physical Examination Requirements

1. If your daughter **has** had a complete physical examination within one year prior to July 8, 2009, complete the Physical Examination Form below (to be completed and signed by your medical provider).
2. If your child **has not** had a complete physical examination within one year prior to July 8, 2009, complete the detailed Medical Form (to be completed and signed by your medical provider).
3. A signed copy of the Immunization Record must accompany the Physical Examination Form & Medical Form.

Physical Examination Form

This is to certify that (attendee's name) _____, the individual listed below has received a complete physical examination (and all required immunizations) within one year prior to July 8, 2009 and is physically able to participate in normal physical activities.

PHYSICAL EXAMINATION FORM					
Last Name		First Name		Middle Name	
Social Security Number			Date of Birth		
Address					
Signature of Physician/Physician's Assistant/Nurse Practitioner					
Physician Office Address			Physician Office Number		



Medical Form

To be completed and signed by a licensed physician, physician's assistant, or nurse practitioner.
Please print in black ink.

Last Name _____	First Name _____	M.I. _____	Date _____
Height _____ Weight _____ TPR _____ / _____ / _____		BP _____ / _____	
Vision (Color Vision): Corrected Right 20 / _____ Left 20 / _____ Uncorrected Right 20 / _____ Left 20 / _____ Hearing: Gross Right _____ Left _____ 15 ft. Right _____ Left _____		Urinalysis: Sugar _____ Albumin _____ Micro _____ Hgb or Hct (if indicated) _____ Recommendations _____ _____	
	Normal	Abnormal	Description (attach additional sheets if necessary)
Head, Ears, Nose, Throat			
Eyes			
Respiratory			
Cardiovascular			
Gastrointestinal			
Hernia			
Genitourinary			
Musculoskeletal			
Metabolic / Endocrine			
Neuropsychiatric			
Skin			
Mammary			

Is there loss or seriously impaired function of any paired organs? Yes _____ No _____

Explain _____

Is student under treatment for any medical or emotional condition? Yes _____ No _____

Explain _____

Is student recommended for physical activity (physical education, intramurals, etc.) Yes _____ No _____

Explain _____

Is student physically and emotionally healthy? Yes _____ No _____

Explain _____

Based on my assessment of this student's physical and emotional health, she appears able to participate in all activities.

Yes _____ No _____ If no, please explain _____

Last Name _____ First Name _____ Middle Name _____

Social Security Number _____ Date of Birth _____

Signature of Physician/Physician's Assistant/Nurse Practitioner _____ Date _____

Print Name of Physician/Physician's Assistant/Nurse Practitioner _____



Immunization Form

To be completed by a physician or clinic. A copy of a complete immunization from a physician or clinic may be included. Please print in black ink.

Immunizations (Immunizations highlighted in yellow are REQUIRED)				
	Month/day/year #1	Month/day/year #2	Month/day/year #3	Month/day/year #4
DTP or Td				
Td Booster (within 10 years)				
Polio				
MMR (after first birthday)				
MR (after first birthday)				
Mumps				
Rubella				
Meningococcal				
Tuberculin (PPD) Test (within 12 months) Tine Test Not Acceptable				
Chest x-ray if positive PPD Date of Results				
Treatment, if applicable Date of Treatment				
Haemophilus Influenzae Type B				
Pneumococcal				
Hepatitis B series				
Hepatitis A series				
Typhoid (specify type)				
Varicella (chicken pox)				

Signature or Clinic Stamp **REQUIRED**

Last Name
First Name
Middle Name

Social Security Number
Date of Birth

Signature of Physician/Physician's Assistant/Nurse Practitioner
Date

Print Name of Physician/Physician's Assistant/Nurse Practitioner

Office Address & Telephone Number



Emergency Information

POWERGIRL ATTENDEE INFORMATION			
Full Name			
Address			
City	State	ZIP	
Home Phone	Work/Cell Phone		

PARENT/GUARDIAN INFORMATION			
Full Name			
Address			
City	State	ZIP	
Home Phone	Work/Cell Phone		

EMERGENCY CONTACT INFORMATION-PLEASE PROVIDE 2 EMERGENCY CONTACTS			
Full Name			
Address			
City	State	ZIP	
Home Phone	Work/Cell Phone		

EMERGENCY CONTACT INFORMATION-PLEASE PROVIDE 2 EMERGENCY CONTACTS			
Full Name			
Address			
City	State	ZIP	
Home Phone	Work/Cell Phone		



Insurance Information

FILL OUT COMPLETELY - PLEASE PRINT	
Health Insurance Company	
Group Acct. #	
Individual Acct.	
Name of Insurance Holder	

Please Include a Front and Back Copy of your Insurance Card.

FILL OUT COMPLETELY - PLEASE PRINT
Health/Medical Conditions
Allergies
Medications
Other Important Information



Medication Release Form

MEDICATION RELEASE FORM						
Last Name		First		M.I.	DOB	
Parent/Guardian Name						
Street Address					Apartment/Unit #	
City			State		Z I	
Home Phone				Parent/Guardian Work Phone		
Doctor's Name				Doctor's Office Phone		
Doctor's Address				Doctor's Fax Number		
Type of Illness						
Name of Medicine						
Type (e.g., tablet, liquid, MDI, etc.)						
Possible Side Effects						
Dosage						
Times to be administered						

I hereby permit the JBC Institute, or representatives thereof, to administer my child the above named medication, in the dosage and at the time(s) indicated.

Parent's Signature
Date



Media Release Form

Name of Participant

I, being the parent/guardian of _____, hereby consent the use of photography and/or motion picture/video film from PowerGirls Camp. Furthermore, I hereby consent that such photographs, film, video recordings, videotapes, all other visual mediums, may be used free and clear of any claim whatsoever on my part.

Parent's Signature

Date



General Rules for PowerGirls Summer Leadership Institute

- Attendees are expected to obey and respond positively and respectfully to all PowerGirls counselors and JBC Institute staff.
- Attendees are expected to obey all program rules and all dorm rules.
- Attendees will not be permitted to leave the premises (except for planned trips).
- Any damage to dorm rooms will be billed to attendees at the cost of the repair.
- No cell phones/pagers are allowed during activities and programs.
- Attendees are expected to interact with their peers in a respectful manner and to exhibit age-appropriate behavior (teasing, taunting, and/or aggression will not be tolerated).
- Any infractions of program rules will incur a one-time warning. A second infraction will result in dismissal from PowerGirls. (Parents are required to pick-up attendee within 24 hours of dismissal).
- Attendees are required to arrive at the beginning of check-in day and remain through closing program with no exception.
- **BE POSITIVE & HAVE FUN!!!!**



PowerGirls Summer Leadership Institute

What to Bring?

The Basics

- Alarm clock
- Aspirin/Tylenol
- Bed linen (twin size, regular length)
- Cash for personal expenses
- Comfortable shoes
- Desk supplies
- Easy care clothes
- First aid supplies
- Hair dryer
- Hand mirror
- Hangers
- Iron (optional)
- Journal
- Laundry detergent and bag
- Pillows
- Prescription medication
- Quarters for laundry
- Rain gear
- Shower shoes
- Stationary
- Telephone
- Toiletries (soap, toothbrush, lotion, etc.)
- Towels
- Trash can
- Yoga mat

Attire

- Comfortable casual attire for most activities / programs
- Clothes must be appropriate and not too tight or revealing
- Tennis shoes / comfortable shoes
- 2 business casual outfits (skirts, slacks, twin sets, shirts / blouses, etc.)
- 2 business outfits (suits, pant suits, or dresses)
- Please plan to wear white clothing to the Awards Program on Thursday, July 23
- Workout or Yoga clothes (not too loose)

The Comfortable Life

- Camera and film
- CD player with CD's
- iPods
- Musical instruments
- Nonperishable snack items (healthy)
- Postage stamp supply
- Prepaid phone cards

Do Not Bring

- Alcoholic beverages
- Illegal drugs
- Weapons
- Curtains (blinds are at every window)
- Candles or incense
- Halogen lamp
- Microwave
- Refrigerator
- Television
- Tons of memorabilia