



POWERGIRLS GLOBAL SUMMIT

2009

POWERgirls
Follow Me...I Was Born to Lead!

Program Dates: July 24-26, 2009
Proximity Hotel
Greensboro, North Carolina
Application Deadline: June 19, 2009

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





The PowerGirls Global Summit is a program initiative of The Johnnetta B. Cole Global Diversity & Inclusion Institute. The weekend program event is aimed at providing a forum for teen girls (high/secondary schools) to collaborate and commune with their global peers on addressing issues that impact the lives of girls and women globally.

Set against the backdrop of honoring the Most Powerful Girls in the World, the event provides a venue for the honorees and their sisters to enhance their leadership skills with the support of each other and the assistance of powerful female mentors.

In order to process your 2009 PowerGirls Global Summit Application, our office must have the following items:

- Two (2) Copies of completed PowerGirls Global Summit application
A 3x5 photo must accompany each copy of the application
- 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 10, 2009)

The PowerGirls Global Summit fee summary is listed below:

The PowerGirls Global Summit Fee Summary	
Global Summit Program Fees	\$500.00
Application Fee	\$50.00 due with application
Program Deposit Fee	\$200.00 due by June 19, 2009
Balance of Program Fees	\$300.00 due by July 6, 2009

All applications must received by June 19, 2009. Applications will only be accepted by mail or package delivery service or personal delivery. Incomplete applications will not be processed by the JBC Institute and PowerGirls Staff.

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



PowerGirls Global Summit Application
 Location: Greensboro, North Carolina
 July 24-26, 2009

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
I like to be called	Age	DOB	
Street Address		Apartment/Unit #	
City	State	ZIP	
Are you a citizen of the United States? YES <input type="checkbox"/> NO <input type="checkbox"/>		Race	
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	



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?
Where do you see yourself 10 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 tell 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



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 Global Summit

- 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!!!!**

Global Summit - What to Bring

The Basics

- Aspirin / Tylenol
- Cash for personal expenses
- Comfortable shoes
- Comfortable clothes
- Journal
- Stationary
- Prescription medication
- Toiletries (soap, toothbrush, lotion, etc.)

The Comfortable Life

- Camera and film
- CD player with CDs
- Nonperishable snack items (healthy)
- Prepaid phone cards

Attire

- Comfortable casual attire for most activities / programs
 - Clothes must be appropriate and not too tight or revealing
- Tennis shoes / comfortable shoes
- 1 business casual outfit (skirt, slacks, twin set, shirt / blouse, etc.)
- 1 business outfit (suit, pant suit, or dress)

Do Not Bring

- Alcoholic beverages
- Illegal drugs
- Weapons
- Candles or incense