

Rachel Alexandra Girls Grant Project
A program of The Women's Foundation of Greater Kansas City
Team Member Application 2013

Please type or print:

Name: _____

Address: _____

City, State, Zip Code: _____

May we contact you via email? ☐ Yes ☐ No

Phone Number (home): _____ Email: _____

Are you attending school? ☐ Yes ☐ No

If yes, please name your school: _____

Current Grade: _____ Your Age: _____

Tell us a little about yourself: (include your interests, hobbies, goals for the future, anything unique and special about you!)

What do you think are the major issues affecting the lives of young women today?

If you had the chance to change one thing for young women, what would it be?

What excites you about the possibility of serving on this team? What do you hope to learn or gain from this experience?

What skills, resources or expertise do you feel you have to offer?

What activities do you participate in at school or in your community?

Regular attendance at team meetings and trainings is **essential** to the success of the project. If you have existing commitments that may affect your involvement, please describe them.

If selected, will you be able to get to and from the team meetings on your own?
☐ Yes ☐ No *Note: The Women's Foundation will make every attempt to arrange transportation for girls who need it.*

Please give the names of two references (any teacher, adult friend, advisor, or employer who is NOT affiliated with The Women's Foundation) **AND** ask one of them to attach a letter of recommendation that attests to your leadership abilities and any demonstrated level of commitment to past projects.

Name	Relationship/Title	Phone
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This section is optional:

In order to ensure that all young women are represented, we would like to find out more about you. Please check all that apply to you.

- | | |
|---|-----------------------------------|
| Ethnicity: | I live in an area that is: |
| <input type="checkbox"/> African-American | <input type="checkbox"/> Suburban |
| <input type="checkbox"/> Native American | <input type="checkbox"/> Urban |
| <input type="checkbox"/> Latina/Hispanic | <input type="checkbox"/> Rural |
| <input type="checkbox"/> Asian/Pacific Islander | |
| <input type="checkbox"/> Caucasian | |
| <input type="checkbox"/> Multi-cultural | |
| <input type="checkbox"/> Other | |

Signature of Applicant

Date

Your completed application and attached letter of recommendation must be returned to the Women's Foundation Office by **March 8th, 2013**. Send completed information to: **Girls Grant Project, c/o The Women's Foundation of Greater Kansas City, 6950 Squibb Rd, Suite 220, Mission, KS 66202**. If you'd like to fax your application (please follow up with a hard copy in the mail), that number is (913) 831-0881. For additional information or to have questions answered, contact Jackie at the Women's Foundation, 913-831-0711, ext 26 or at jackie@wfgkc.org.