



2024 - 2025 Application

Sisters Wholesome Aspiring toward Greatness Mentoring Program (S.W.A.G.)
(To be completed by Parents)

Please return the completed application package (application, photo release, parent consent) to ECLN by **Tuesday, September 3, 2024**. **Online interviews will be held the week of September 9th. The interview will be approximately 10 minutes.**

Date _____

First and Last Name _____

Name of Middle School Attending: _____

Prefers to be Called _____ Grade _____

Birthdate _____ Ethnicity _____

Parent/Guardian _____

Address _____

City _____ State _____ Zip Code _____ Home Phone () _____

Email: Mother _____ Email: Father _____

Mobile Phone Mother () _____ Mobile Phone Father () _____

Work Phone of either parent: circle one Mother/Father() _____

Name and Emergency contact number () _____

Health concerns (allergies, medication, dietary restrictions) _____

Any other pertinent information we should know about your daughter (special talents/abilities, learning needs, emotional needs, etc.) _____

ECLN may provide transportation for this program on a first come first serve basis. Please contact ECLN at eclninc14@gmail.com, if you are interested. Parents are responsible for their child's transportation home from the S.W.A.G. meetings which are held every Wednesday. Pick time is approximately 5:30 pm.

Please initial here _____, I give permission for my daughter to participate in ECLN's enriching, leadership development mentoring program.

Signature _____

Providing educational and cultural enhancement opportunities that foster leadership development in Middle School Girls



S.W.A.G. Application

2024 - 2025

Sisters Wholesome Aspiring toward Greatness

This section to be completed by Student Applicant

Student's Name (First and Last) _____

Please provide *an extended thoughtful response* to the five questions below. Return with your application packet by September 3, 2024. A one sentence response is **NOT** acceptable. (If additional space is needed, please attach another sheet of paper.)

1. What is your understanding of S.W.A.G.?
2. **Describe** at least three qualities you bring to S.W.A.G.
3. S.W.A.G. is a Leadership Development Mentoring Program. How do you think participating in S.W.A.G. will help you in Middle School and beyond?
4. How would your family, friends or someone who knows you well, describe your character?
5. Describe one interesting fact about yourself.

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S.W.A.G. 2024 - 2025

Parental Consent for _____ Middle School to Share Academic Information (optional)

I give the above-mentioned Middle School permission to share my daughter's academic and behavioral data with Empowering Community Leaders Network, Inc., and its designated S.W.A.G. mentors. The data may include progress reports, report card grades, attendance, office referrals and communication with school staff, as appropriate.

I understand this information will be held ***confidential*** and used ***strictly*** for S.W.A.G. programming (celebrations of mentee's academic successes and accomplishments and assisting a mentee who might experience academic challenges).

Permission granted on _____

Date

Student Name _____

Parent Name _____

Parent Signature _____



S.W.A.G. 2024 - 2025 **Photo Release Form**

I hereby grant Empowering Community Leaders Network, Inc., nonprofit organization, the right to take photographs or videotapes of my child.

I agree that Empowering Community Leaders Network, Inc. may use such photographs of my child, for publicity, illustrations, public affairs releases, marketing, advertising and ECLN's website.

This authorization is continuous and may be withdrawn or revoked by providing written notification.

I acknowledge that I have read the foregoing and understand the contents:

Parent's Name _____

Signature of Parent/Guardian _____

Student's Name _____

Date _____



Emergency Form

2024 - 2025

Instructions to Parents: Complete all items on this side of the form. Sign and date where indicated. Please note at the bottom of this form, if your daughter has a medical condition which might require emergency care. NOTE: ***THIS ENTIRE FORM MUST BE UPDATED ANNUALLY.***

Daughter's name _____ Birth Date ____ / ____ / ____
Last First MI

Home Address _____
Street City State Zip Code

Parent/Guardian Name _____ Work Phone _____ Cell Phone _____

Name of person (s) authorize to pick up daughter from SWAG

Last First Relationship

Address _____
Street City State Zip Code

School Name _____ Grade _____ Age _____

Emergency Contact

When parents/guardians cannot be reached, list at least one person who may be contacted in an emergency to pick up your daughter.

Name _____
Last First (H) Phone (W) Phone

Name _____
Last First (H) Phone (W) Phone

Daughter's physician or source of health care _____ Phone _____

Address _____
Street City State Zip code

In EMERGENCIES requiring immediate medical attention, your daughter will be taken to the nearest hospital emergency room. Your signature authorizes the responsible person at ECLN/SWAG to have your child transported to that hospital.

Signature of Parent/Guardian _____ Date ____ / ____ / ____



Volunteer Form 2024 - 2025

ECLN/S.W.A.G. will be participating in several community events throughout the year and we will need S.W.A.G. members and parents to volunteer 1- 2 hours of their time at a minimum of two (2) community events / ECLN sponsored events per year. It is essential to have parental involvement which fosters an environment of teamwork, philanthropy, and community engagement. These community events spread the word about ECLN and increases our chances to serve more young ladies in Frederick County. Your volunteer participation is expected and a part of the terms for your daughter's enrollment in the S. W.A.G. program.

I acknowledge and commit to volunteering at a minimum of two (2) community/ECLN sponsored events per year.am

Program Participation Fee

I give permission for my daughter to participate in ECLN's enriching, leadership development mentoring program and will pay the \$200 program fee, due upon acceptance into the SWAG program. Financial aid is available on an as needed basis.

By completing the following section, I acknowledge that I have read and consent to the volunteer agreement and program participation fee.

Parent's Name _____

Signature of Parent/Guardian _____

Daughter's Name _____

Date _____