

NABSE

African-American Youth Female Leadership Summit (I.N.S.P.I.R.E.)

Part I: Student Information (Please type or print the information requested below)

Name: _____
Last First MI

Address _____

City State Zip

Home Phone _____

Phone for Parent/Guardian _____

Birthrate (MM/DD/YYYY) _____

T- shirt size _____

Name of High School or Junior High _____

School District _____

Grade Level _____

Grade Point Average (GPA) _____

Do you plan to attend any of the following educational systems after graduation? (Check all that apply.)

Trade School College/University Private College/University

Community College Private Trade School Other _____

I certify that the above statements are accurate and true to the best of my knowledge. In addition, I give my permission to AAYFLS to release information contained in this application to NABSE, to provide information about African-American females. I understand that AAYFLS will strive to keep all personal information confidential.

Applicant's Name (Print)

Applicant's Signature

Date

Parent or Legal Guardian's Name (Print)

Parent or Legal Guardian's Signature

Date

NABSE

African-American Youth Female Leadership Summit (I.N.S.P.I.R.E.)

Part II Supporting Documents

- Transcript or Report Card: Be sure to request and enclose an official copy of your most recent school transcript or report card. If your school will not release an official copy to you, please include with your application a note indicating that your transcripts have been sent directly from the school.
- Letter of Recommendation: Enclose a letter of recommendation and accompanying Letter of Recommendation Form (included in this application packet). A letter must be from the Affiliate President or a representative from your school.
- School and Community Involvement Resume: On a separate sheet of paper, please list any school and community activities you were/are involved in (e.g. offices held, club memberships, after-school activities, volunteer/paid work experience, etc.) Include beginning and ending dates of involvement, length of participation, position(s) held (if any) and description of activity. Enclose your resume with your application.

Part III: Medical Information

List any (all) medical /health problems: _____

Name of student's doctor: _____

Doctor's Telephone number: _____

In case of emergency, please notify: _____

Relationship to students: _____

Parent's signature _____

Please enclose a copy of the student's medical card: both front and back!!!!!!!!!!!!!!!!!!!!!!

NABSE

*African-American Youth Female
Leadership Summit (I.N.S.P.I.R.E.)*

Letter of Recommendation Form

Name _____ Signature _____

Name of Applicant (Please Type or Print)

High School

Name of Referring Person (Please Type or Print)

Phone Number

The individual listed above has applied to participate in the 2019 African American Female Youth Leadership Summit. Please complete this form for this individual and be sure to include a letter with the following:

- Your relationship to the applicant;
- How long you have known the applicant;
- Comments on the applicant's leadership ability and quality;
- Comments on the applicant's personal qualities; and
- Why you feel she is a good candidate for this summit.

Please rate the applicant in the following categories:

	Below Average	Average	Above Average	Outstanding	Cannot Comment
Leadership Ability					
Academic Ability					
Maturity					
Overall Recommendation					

Signature

Date

Address
