



Our mission is to provide a fun, safe, and supportive sisterhood for girls of African descent ages 7-15.

Participant Application

Participant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Emergency Contact: _____ Address & Phone: _____

Parent/ Guardian Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Emergency Contact: _____ Address & Phone: _____

Education

Name of School: _____

School Address: _____

Grade: _____ Grade Average/GPA: _____

Tell Us About You (Participant).....

List your hobbies and extracurricular activities

Tell us why you would like to be a part of Duafe Sisterhood?

What do you hope to gain from participating in the program? What life lessons and skills do you hope to learn?

How will the overall program benefit you as a result of you being a part of it?

What talent, personality and or creativity will you bring to Duafe Sisterhood?

Who is your biggest role model and why?

What is one of the most positive experiences in your life and what did you learn from it?

Please share a challenge in your life and what activities or trainings we can provide to assist you? (optional and confidential)