



RETURN NO LATER THAN APRIL 30, 2017

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

SCHOOL: _____ GRADE: _____

Parent/Guardian Contact Information

NAME: _____

PHONE: _____ EMAIL: _____

There will be space for only 30 girls to attend this year's conference. In order for us to select, please answer, in detail, the following questions:

- (1) Why would you like to attend the Sister Summit?

- (2) What does it mean to be "BOLD"?

- (3) List 3 words to describe yourself and explain why you chose each word.



Please rank your top 3 topics of interest (1=most interested-3=least interested)

- | | | | |
|-------------------------------|-----------------------------------|------------------------------|-------------------|
| ___ Self Esteem | ___ Money/Budgeting | ___ Emotional/ Mental Health | ___ Social Media |
| ___ Politics | ___ Relationships | ___ College & Career | ___ Sexual Health |
| ___ Nutrition/ Healthy Eating | ___ Race & How it Impacts My Life | | |

Do you have any food allergies? Yes No

If yes, please explain: _____

List any dietary restrictions and/or special needs _____

PARENTAL CONSENT

I hereby give permission for _____ to attend the Sisters Summit at Rutgers University, Dana Library, 185 University Avenue, Newark NJ on June 10, 2017 from 9am to 3pm.

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____

Please return this form to:

Email to:
NJSpelman@gmail.com

Or

Mail to:
Sister Summit 2017
c/o Dawne Mitchell Diggs
356 Hoe Avenue
Scotch Plains, NJ 07076

Any questions, contact: Dawne Mitchell Diggs at 908-380-7808

ALL APPLICATIONS MUST BE RECEIVED BY APRIL 30, 2017 FOR CONSIDERATION.