



Application Checklist

SUMMER 2010 JOURNEY PROGRAM DATES: June 27 – July 3, 2010

Please use the following checklist to ensure a smooth registration process. The Journey program, for young women entering grades 8-9 in the fall of 2010, is run by Maryland Leadership Workshops, Inc. (MLW) and sponsored by the Women's Giving Circle (WGC) of Howard County. The total cost for the week is \$550.

Applications are available on the Women's Giving Circle website at www.womensgivingcircle.org or the MLW website at www.mlw.org
To apply to Journey 2010, submit the following by March 30, 2010 to MLW, PO Box 1419, Columbia, MD 21044-0419

APPLICATION PROCESS

_____ **\$100 deposit is required of all applicants.** Scholarship applicants are required to include the deposit to be considered for scholarship funds. The \$100 deposit will be refunded to scholarship applicants in the event that a scholarship is not provided or if funds are not adequate.

[The \$450 balance will be due upon acceptance into the program. Payment can be made by check made out to Maryland Leadership Workshops, Inc. or by credit card. MLW will accept Visa and Master Card payments by phone at 301-527-8222.]

- _____ A completed **Journey Application**, including:
 - _____ The 2010 **Journey Application form** (page 3)
 - _____ A completed **Applicant Survey** (page 4)
 - _____ An **Applicant Medical Record** completed by your parent/guardian (Form A) (p. 5-6)
 - _____ A completed **Scholarship Application**, if applicable, accompanied by appropriate documentation, as indicated in instructions (p. 7-8)
 - _____ A **Recommendation Form** completed by a staff member at your school who can speak to your leadership abilities and potential (page 9) [The Recommendation Form should be sent by the recommender directly to the MLW office.]

APPLICATION ACKNOWLEDGEMENT

Once we have received a completed Journey Application, we will send you a confirmation noting that your application has been received.

APPLICANT DECISIONS

The Women's Giving Circle of Howard County will review all applications, and acceptance/wait list letters will be mailed out in April 2010. In the event that an applicant is not accepted into Journey 2010, the deposit check will be refunded.

ACCEPTANCE FOLLOW-UP

Upon acceptance into Journey 2010, the following documents will be sent for completion and must be submitted by **May 1, 2010** to complete the application:

_____ **\$450 balance** [Payment can be made by check made out to Maryland Leadership Workshops, Inc. or by credit card. MLW will accept Visa and Master Card payments by phone at 301-527-8222.] After May 1, the rate will increase to \$495.

_____ **Rules and Expectations Agreement** signed by participant.

_____ **Medical Record completed and signed by your physician and dated after February 1, 2009** (Form B).

_____ **Medication Forms** completed by your physician/ prescriber if you will need to take prescription or non-prescription medications during the program.

REFUND POLICIES

- If we do not receive all of the above-mentioned items prior to **May 1, 2010**, your space in the program may be forfeited in order to make room for the applicants who are on the waiting list.
- In the case of a forfeited registration or any cancellation, the following refund schedule applies and refunds will be issued by September 1, 2010:
 - ◆ Anyone who cancels before May 1, 2010 will receive a \$450 refund.
 - ◆ Anyone who cancels between May 1 and June 1, 2010 will receive a \$300 refund.
 - ◆ Cancellations after June 1, 2010 cannot be refunded.
- Students participating in MLW's summer programs must participate in the entire week-long residential experience (1pm on June 27 through 11am on July 3). Students are not permitted to leave early for other commitments, vacations, etc. Unfortunately, refunds cannot be made to students who for unexpected health or other reasons must leave the program early.
- MLW reserves the right to expel without refund any student who violates MLW's Rules and Expectations, violates Maryland State law, or for other good cause.

FINANCIAL AID

Financial aid and payment plans are available. WGC has scholarship money available. Please complete the financial aid request form on pages 7-8. The MLW office will accept Master Card and Visa payments by telephone.

Please contact journeydirector@gmail.com with questions or contact the Maryland Leadership Workshop Office at (301) 527-8222.



Journey 2010 Applicant Application Form

Maryland Leadership Workshops • PO Box 1419 • Columbia, MD 21044-0419 • Fax (301) 670-1407 • Phone: (301) 527-8222

(Please print or type your responses)

Applicant Name: _____ Preferred Name: _____
Last First M.I.

Age: _____ Birth date: ____/____/____

Ethnic Origin (check all that apply): () African American () Asian/ Pacific Islander
() Caucasian () Latina
() Native American () Other: _____

Home Address: _____
Street Address Apt. No

City State Zip Code

County (e.g. Howard): _____ Student Email address: _____

Parent//Guardian Name: _____

Home Phone (____) _____ Parent Work Phone (____) _____

Parent/Guardian Email address: _____

School Attending (2009-2010): _____ Grade (2009-2010) _____
Type of School (check one): ___ Private ___ Public ___ Other

School Attending (2010-2011): _____ Grade (2010-2011) _____

T-Shirt Size (XS, S, M, L, XL): _____

If you've previously attended a MLW program(s) please indicate the program(s) and year(s) attended: _____

From which source(s) did you hear about Journey?

() School () Women's Giving Circle () Newspaper/Camp Guides
() MLW Alumni () MASC/Regional SGA () Convention/Fair: _____
() Internet () Friends () Other: _____

PLEASE HAVE A PARENT/GUARDIAN SIGN THE STATEMENT BELOW:

I hereby grant permission for my child to apply to and participate in this program. I permit my daughter and her image to be involved in activities and media events that are designed to promote the benefits of Maryland Leadership Workshops, Inc., including but not limited to photographs, videotapes, posting images on MLW's website, newsletters, and press releases.

This application indicates a commitment to stay for the entire Journey Program, if accepted (1pm on June 27 through 11am on July 3). Participants will not be able to leave the program early for other commitments, vacations, etc.

Parent/Guardian Signature

Date



Journey 2010 Applicant Survey

Student's Name: _____ Grade Entering in Fall 2010: _____

School in Fall 2010: _____

We really want to get to know you as a person. Please be sure the answers to the survey questions are in your own words. Please type or neatly write the answers to the questions below. Feel free to use additional sheets of paper.

1. Why are you interested in attending Journey? What skills would you like to gain?
2. What are your interests/hobbies?
3. What are some of the most important issues/problems that you face as a young person today?
4. Describe a few of your strengths.
5. What is one possible area for improvement on which you would like to focus on during Journey?

JOURNEY RECOMMENDATION FORM

Please ask a teacher, counselor or other school staff member who can speak to your leadership potential to act as a recommender. Please ask them to complete p. 9 and to return it directly to MLW.

Please include contact information for the person completing the recommendation form:

Name: _____

Title: _____

Phone: _____ **Email address:** _____

JOURNEY
Financial Assistance/Scholarship Application (page 1)

(THIS FORM IS OPTIONAL)

Name of Applicant: _____

Address: _____

County: _____

School: _____

Telephone Number: _____

Email Address: _____

The Women’s Giving Circle of Howard County (WGC) has limited financial assistance/scholarship funds available. Many requests for financial aid are received, and we cannot guarantee a positive response to every request. Every request will receive a confidential, thorough, and fair assessment of financial need and every effort to be supportive will be made. We require the submission of a copy of the federal tax returns of the applicant’s parent or guardian to be used in our review process. Consideration for financial assistance/scholarships will be given first to students from families who meet the requirements for free or reduced lunch. Geographic diversity and other factors may also be considered.

Applications will be considered periodically on a rolling basis once applications become available. Thus, you are encouraged to submit your request early. **Your \$100 deposit must be received with your application by March 30 for consideration for scholarship funds.** WGC generally does not provide full scholarships to students. The deposit will be refunded if the applicant is not accepted or if the scholarship funds offered are not adequate.

Decisions regarding a student’s admission to MLW’s summer programs are independent of requests for financial assistance/scholarships.

Please forward your completed application, with a copy of the applicant’s parent’s/guardian’s most recent tax return to:

Maryland Leadership Workshops, Inc.
PO Box 1419
Columbia, MD 21044-0419
Or fax to (301) 670-1407



Journey Recommendation Form

To be completed by a teacher, counselor or other school staff member.

Student's Name: _____

To The Recommender: The student listed above is an applicant for Journey 2010, a residential summer camp for rising 8th-9th grade girls. The week-long program is designed to foster a sense of identity, self-awareness and empowerment in young women. The focus will be on what it means to be a woman in contemporary society. Applicants should have some previous experience in leading her peers, a willingness to try new experiences in a safe environment, and a desire to serve her community.

Your Name: _____

Your Position: _____

Your Address: _____

Your City/State/Zip _____

Your Phone: _____ Your email address: _____

Your Relationship to Student: _____ Length of Time You Have Known Student: _____

Please respond to the following questions to provide us insight on the above student so that we may better tailor our program. You may attach a separate letter if you prefer.

1. Please identify why you believe the above student will benefit from Journey 2010.

2. What do you consider to be the applicant's primary talents or strengths?

3. What would you like to tell the selection committee about the applicant?

Signature

Date

Please return this form by March 23 to: MLW, PO Box 1419, Columbia, MD 21044-0419 or by facsimile to (301) 670-1407. Also, please notify the above student when you have sent this form. Thank you for your assistance.