

GIRLS' CAREER INSTITUTE 2024 DELEGATE APPLICATION FORM

Parent / Guardian Permission form on the back

Complete and return to Guidance Counselor or local NJSFWC Club Coordinator by March 1, 2024.

Student Name _____ I Prefer to be called _____

Address _____ Apt # _____

City, State & Zip Code _____

Home Phone _____ Cell Phone _____

NOTE: The majority of Girls' Career Institute follow-up communications will be sent by email. The subject line will always be "Girls' Career Institute". Some of the emails will contain attachments. Please provide personal email (such as AOL, Gmail, etc.) address, as School emails usually reject messages if they contain attachments.

Please respond PROMPTLY to ALL emails so that we know you received the message.

Personal E-mail _____ Alternate E-mail _____

High School you currently attend _____

School Address _____

Post High School Plans/type of college _____

Major _____ Have you considered Douglass Residential College? yes no

School Activities, Community Involvement

Sports, Performing Arts, Hobbies, Other Interests

Size for t-shirt provided to all Delegates S M Lg XL XXL XXXL

Disability accommodations no yes (If yes identify) _____

Allergies none yes (If yes, identify) _____

Dietary restrictions _____

PARENT/GUARDIAN PERMISSION TO APPLY FOR Girls' Career Institute June 2-June 5, 2024

I am aware that my daughter **is applying to be chosen** to attend the New Jersey State Federation of Women's Clubs Girls' Career Institute to be held at Douglass Residential College on the Rutgers University New Brunswick campus from Sunday, June 2 until Wednesday, June 5.

If chosen, her attendance will be financed by the local Women's Club.

If chosen, we will be responsible to arrange for drop off and pick up at designated times.

If a situation arises that she cannot attend the entire event, she **MUST** withdraw. Notification of the Director, her school guidance counselor and the GCI Club Coordinator at the earliest possible moment is required and will allow us to select another girl to participate.

Parent or Guardian Name _____ **Contact phone** _____

Relationship _____ **E-mail** _____

SIGNATURE OF PARENT or GUARDIAN _____ Date _____

In the case of shared custody, both custodial parents must sign.

Parent or Guardian Name _____ **Contact phone** _____

Relationship _____ **E-mail** _____

SIGNATURE OF PARENT or GUARDIAN _____ Date _____