

P. O. Box 19501 Rochester, NY 14619 585-234-0448

Website: sisterstogether.org

"We believe that every young woman has a unique contribution to make to the world. To that end, we are committed to their development through education and example, resulting in better lives and long-term growth."

Please attach the below items together or application will not be processed:

- Non-refundable \$50.00 application fee (make checks payable to S.T.A.R. Inc.)
- ❖ A typed, double-spaced, 1" margins, 200 word essay (words three letters or more are counted) on <u>`Why you would like to become a Debutante/Page/Gem/Rosebud</u> of Sisters Together Achieving Results, Inc'.
- Two Personal References from employer, minister/pastor, coach, counselor, advisor, teacher, principal, or adult (non-relative) from any organization that you are affiliated
- ❖ A copy of most recent report card

Name:					
Last		First		Middle	
Address:					
Street		City	State	Zip Code	
Home Telephone: _	Ce	ell:	Birthday:		
Email:					
Social Security Num	nber: XXX – XX	T-shirt s	size: (sma	all, medium, large, XL, 2X, 3X)	
Education:					
School	Name	GPA		Graduation date	
Church Affiliation: _					
	Name		Minister/Pastor		
	Street	City	State	Zip Code	
	Telephone Numbe	er	Worship service d	lay/hour	

Sisters Together Achieving Results, Inc. Page 2 of 7

Community Affiliations Name:					
	ation Occupation Occupatior				
Work Experience Employer:	Jo	b Title:			
Supervisor:	Ph	one #:			
Emergency Contacts					
1. Name:	Re	Relation:			
Address:					
Street	City	State	Zip Code		
Home Telephone:	Work Phone:	Cell Phone:			
2. Name:	Re	lation:			
Address:					
Street	City	State	Zip Code		
Home Telephone:	Work Phone:	Cell Phone:			
Referral Source: (pleas	e provide name of individua	al in the space provided n	ext to the title)		
Friend:	Co-Worker	:			
Neighbor:	Counselor:				
Family member:	Other:				
Applicant Signature			Date		

Consent to Release Information Form

I hereby authorize the rel	ease of:		
all inform	ation		
limited in	formation (specify)		
from the records of, or re	egarding:		
Participant	Date of	birth	XXX – XX - SS#
Address (include City, Sta	te & Zip code)	Phone num	ber
To: Sisters Together Achie (585) 234-0448. For the			
Signature of Parent/Guard	dian		
Relationship to applicant			
Date			

IMAGE USE RELEASE FORM

We encourage you to submit photographs of activities for possible use in our annual report, newsletters, website or other STAR, Inc. marketing materials. Please complete the following "Image Use Release Form."

I,	_, hereby attest the	hat I am the person (or
owner of the property if non-human subject matter) ind	licated on the atta	ached photograph. I
freely grant Sisters Together Achieving Results, Inc. (ST	TAR) irrevocable p	ermission to publish this
image, in whole or in part and for a length of time dete	rmined by STAR,	Inc. on their website or
in their Annual Report or Newsletter or other marketing	materials without	t remuneration. I
understand that the picture will be used, in conjunction	with other image	s, to represent funders,
participants, or community initiatives. I warrant that sai	d picture is free o	of any abuse of copyright
law. I will hold harmless the aforementioned STAR, Inc.	. from any liability	by virtue of any
distortion or alteration unless it can be proven that such	າ alterations and ເ	or distortions were done
with malicious intent. I have read and fully understand	the contents of th	is release.
Printed Name		
Address		
City	State	Zip
Written Signature		Date
Witness		Date
Release for Parent/Guardian of Minor Child I do attest that I am the parent or legal guardian of the	above named mi	nor child, and have lega
authority to sign this release on his/her behalf. I have re	ead and fully und	erstand the contents of
this release, and consent to the use of said photograph	based on the con	itents thereof.
Parent/Legal Guardian Name		
Parent/Legal Guardian Signature		Date

Personal Reference Guidelines

Please provide this personal reference form to (2) individuals who know you very well (employer, minister/clergy, coach, counselor, advisor, teacher, principal or adult (non-relative). Your personal references are to mail the form directly to Sisters Together Achieving Results, Inc. by the deadline of September 30th. Please communicate regularly with your personal references to ensure they complete and return the reference form by the deadline.

The form is confidential and must be returned by your personal reference. **Please affix a stamp to an envelope** and give this to your personal reference so he/she may mail it to the following address:

Sísters Together Achieving Results, Inc. P. O. Box 19501 Rochester NY 14619

Personal Reference Form#1

Debutant	e/Page/Gem/Rosebud na	me					
1. \	What is your relationship	to the car	ndidate?				
2. H	How long have you known the candidate?						
3. [Please circle one resp	onse fo	r each i	tem:			
ā	a. Character/Personality	Poor	Fair	Good	Excellent		Outstanding
k	o. Initiative & Drive	Poor	Fair	Good	Excellent		Outstanding
C	c. Team Player	Poor	Fair	Good	Excellent		Outstanding
C	d. Leadership skills	Poor	Fair	Good	Excellent		Outstanding
ϵ	e. Compassionate	Poor	Fair	Good	Excellent		Outstanding
f	F. Follow-through	Poor	Fair	Good	Excellent		Outstanding
8	g. Meeting deadlines	Poor	Fair	Good	Excellent		Outstanding
ł	n. Communication skills	Poor	Fair	Good	Excellent		Outstanding
i	. Respect for others	Poor	Fair	Good	Excellent		Outstanding
j	. Problem resolution skills	Poor	Fair	Good	Excellent		Outstanding
k	k. Volunteerism	Poor	Fair	Good	Excellent		Outstanding
	ou think this young lady v						
	ERSONAL REFERENCE:			-1-111	Danulta Iaa Da		ti
Program. envelope	idate has applied for the S This reference will be co seal, and return it to cerstogether.org. The can	nfidentia STAR, I	l. Please Inc. PO	fill out th	ne form enclos 601 Rocheste	sed, <mark>sign you</mark> r NY 1461	r name across th .9 (585)234-0448
Personal I Please pr	Reference #1 Name:				Da	te:	
Phone nu	mbers: (ł	n)			_(w)		_(c)
Signaturo							

Personal Reference Form#2

Debuta	nte/Page/Gem/Rosebud na	ame						
1.	What is your relationship to the candidate?							
2.	How long have you known the candidate?							
3.	Please circle one response for each item:							
	a. Character/Personality	Poor	Fair	Good	Excellent	Out	standing	
	b. Initiative & Drive	Poor	Fair	Good	Excellent	Out	standing	
	c. Team Player	Poor	Fair	Good	Excellent	Out	standing	
	d. Leadership skills	Poor	Fair	Good	Excellent	Out	standing	
	e. Compassionate	Poor	Fair	Good	Excellent	Out	standing	
	f. Follow-through	Poor	Fair	Good	Excellent	Out	standing	
	g. Meeting deadlines	Poor	Fair	Good	Excellent	Out	standing	
	h. Communication skills	Poor	Fair	Good	Excellent	Out	standing	
	i. Respect for others	Poor	Fair	Good	Excellent	Out	standing	
	j. Problem resolution skill	s Poor	Fair	Good	Excellent	Out	standing	
	k. Volunteerism	Poor	Fair	Good	Excellent	Out	standing	
TO THE The can Prograr envelop	PERSONAL REFERENCE: Indidate has applied for the cope seal, and return it to	Sisters 1 onfident o STAR,	ogether ial. Pleas Inc. PO	Achieving se fill out Box 19	g Results, Inc. the form encl 501 Rochest e	Preventive Mentor osed, <mark>sign your na</mark> e r NY 14619 (58	me across the 35) 234-0448	
	isterstogether.org. The ca		-	•				
(Please								
Phone r	numbers:	h)			(w)	(c)		
Signatu	re·							