

#### PowerPlay NYC SuperSTARS Leadership Academy

Girls have a lot on their plates these days--school, pressure from peers and big decisions ahead about college and careers. PowerPlay NYC helps you discover your strengths and have an awesome time while you're at it. PowerPlay's SuperSTARS Leadership Academy (SSLA) is a year-long youth development program that offers high school girls the chance to:

- ✓ develop body and mind through sports, healthy living activities and advisories
- ✓ deepen critical skills in writing, technology and networking for success
- ✓ build a portfolio of real-world work experience, service learning, mentorships, and prepare for college applications

The Leadership Academy runs Monday-Friday from July 6th until August 14th, 2015 and continues in the following school year (2015-16) for one to two days per month. Each participant is required to complete all three phases of the program: Intensive Leadership Academy, Mini-Internship and After-School Service Learning project. In return, SSLA graduates can expect to leave the program with: a resume, college essay draft, references, service learning credits and valuable insight on college and workforce success. Girls will be awarded a modest stipend in recognition of their success and hard work.

DATE: July 6th-Aug 14th, 2015; One to two days a month during the school year

LOCATION: To Be Determined

FEE: Full scholarships provided to all applicants

What you can expect...

### • Sports and fitness programming

Team sports skills – basketball, volleyball, softball, soccer, lacrosse, tennis, track, fencing, boxing, golf, ultimate frisbee, swimming.

Fitness activities - weight training, yoga, dance,

### • Life skills training

Time management, verbal and written communications, nutrition, financial literacy, leadership training, resume/cover letter writing, computer skills.

## • Workplace training

Training as assistant coaches to younger girls in after-school sports programs

"Dress for success", office etiquette, phone skills, filing, office equipment use, project participation, interview skills and guest speakers from different industries share their insights into professional success

#### • College Preparation

Review of the college application process, understanding academic and extracurricular requirements, how to think about selecting a college, researching scholarships and financial aid, visit to a college fair.

## • Special Programs

Field trips to pro basketball games, tennis matches, Row NY and corporate offices

**Group Projects** – Newsletter, Video, Talk Show or Advocacy project.

**Symposium for High School Girls** – One day event in life skills workshops, sports clinics and a networking luncheon with professional women.

#### • STARWorks Internships

Mini-internships at various businesses, sports organizations, law firms, insurance companies, design companies, nonprofits, and with NYC Council Members

# **Participant Application Form**

Name:				_
Address:				_
City:	State:	<u></u>	Zip:	
Home Phone:	Cell phone:_			_
Email Address:				
School:		Current Grade	e:	_
GPA:				
Ethnicity:	Date of l	Birth:		
Name of Parents/Guardians:				_
Parent/Guardian Phone 1:				_
Parent/Guardian Phone 2:				_
Parent/Guardian Email:				_
Emergency Contact:		Phone:		_
Why are you interested participagain from it?	ating in PowerPlay's Supe	erSTARS Lead	lership Acader	ny and what do you hope to
What are two or three of your fa	vorite things to do? And y	your least favor	rite?	

SuperSTARS Summer Leadership Academy
Please return this form along with the Reference Form, Youth Commitment Agreement, Parent Permission Form and Participant Basic Health Information Form to:
THANK YOU!
Did we miss anything? Share it here:
or something you really need to work on that's important to you.
Tell us two or three things you'd like to get better ateither something you're good at and would love to improve
religious, etc.). If you have not been involved with an extracurricular activity, what kind of program would you want to be a part of? Why?
Please list any extracurricular activities you participate in (such as after-school, YMCA programs, sports,
Describe for us a tough situation you've faced, at school, with a peer or at home, and how you dealt with it. Did you learn something from the experience and how might you share that with others?

SuperSTARS Summer Leadership Academy PowerPlay NYC, Inc. 42 Broadway, 20<sup>th</sup> floor New York, NY 10004

**Questions? Call 917-344-6676** 

## SuperSTARS Leadership Academy Reference Form

Girls have a lot on their plates these days--school, pressure from peers and big decisions ahead about college and careers. PowerPlay NYC helps girls discover their strengths, get on the right track for adulthood and have an awesome time while they're at it. PowerPlay's SuperSTARS Leadership Academy is a year-long youth development program for high school girls. It offers girls opportunities:

- ✓ to develop their bodies through sports and healthy living activities
- ✓ expand their minds through writing, technology and one-on-one advisories
- build a portfolio of real-world work experience, service learning and prep for college

  The Leadership Academy runs Monday-Friday from July 6th until August 14th and continues into the following school year for one to two days per month. PowerPlay asks for each participant's commitment to complete a summer internship and after-school service learning project. Participants can expect to leave the program with: a resume, college essay draft, list of colleges, references and valuable insight on college fairs, the financial application process and what it takes to succeed in college. Upon successful completion of the program, girls will be awarded a stipend.

Name of Applicant:			
Name of Reference:			
Position:			
Organization/School Affiliation: _			
Phone:	Email:		
Address:			
City:	State:	Zip:	
Please answer the following que	estions in reference to	o the above named app	olicant for the SuperSTARS

Please answer the following questions in reference to the above named applicant for the SuperSTARS Leadership Academy (SSLA). Please be as specific as possible. We have a limited number of spots in the SSLA and we value your feedback in making our acceptance decisions.

- 1. Please tell us about your relationship with the applicant (use the blank sheet attached to elaborate).
- 2. The Leadership Academy requires a commitment of time and energy of the girls in the program. Why would the applicant be an enthusiastic participant in all programming? If applicable, provide examples of her involvement and enthusiasm in other activities or programs.
- 3. How would the applicant benefit from being a part of the SSLA? Do you have suggestions on how we could best inspire this girl and help her get the most out of the program?

Please scan and email us this form to Marissa Munoz at <a href="mmunoz@powerplaynyc.org">mmunoz@powerplaynyc.org</a> or mail it to PowerPlay NYC, 42 Broadway, 20th Fl., New York, NY 10004

Participant Commitment Agreement	
I,, have applied to participate Academy and, if accepted, agree to the following:	ipate in the SuperSTARS Leadership
To attend the Summer Leadership Academy <i>every week day</i> from Mo 31st, 2015.	onday, July 6th 2015 through Friday, July
To participate in a STARWorks internship <i>every week day</i> from Mon 14th, 2015.	nday, August 3rd through Friday, August
To be on time every day – this means arriving at the Leadership Acad	demy no later than 9:30 AM every week day;
To participate <i>willingly and enthusiastically</i> and learn as much as I cleadership, life skills and any other topics we cover,	can about careers, sports, colleges,,
To complete any assignments or projects that are part of the program.	,
To listen and be open to feedback from my coaches and others,	
To respect my fellow participants, counselors and guest speakers,	
To notify my counselor in the event that I am ever late or must miss a	a session,
To have FUN!!	
By signing below, I accept the above guidelines.	
PARTICIPANT SIGNATURE	DATE
PARENT/GUARDIAN SIGNATURE	DATE

I,	, the
SuperSTARS Leadership Academy, a free educ	, permit her to participate in the cational sports, career exploration and life skills development cept the criteria, regulations and structure of the program.
place at various venues, sports facilities and off participate in all program trips and meetings. In provided by PowerPlay NYC which I support a to PowerPlay NYC to use my child's name, to thim/her which include his/her voice, in any meet photographs, videotapes, motion pictures and respectively.	and the group of participants and counselors and coaches will take fices in New York City. I give my daughter permission to a consideration of the good will, public service, and community aid and from which I have received benefit, I hereby grant permission take and publish photographs, videotapes or motion pictures of dia for any legitimate purpose. I release all rights to such eccordings. I acknowledge that you are the sole owner of all rights restand that I shall receive no compensation from their use from any
PARENT/GUARDIAN SIGNATURE	DATE
PRINT NAME OF PARENT/GUARDIAN	
The following information is solely for the us  Child's name:	se of PowerPlay NYC to help keep your kids healthy.
Does your child have any medical problems (i.e YES NO  If YES, list medical problem(s)	e. diabetes, asthma, seizure disorder, etc.)?
Does your child take any medication? YES NO If YES, list medication(s) with dosages and free	
Does your child have any allergies? YES NO  If YES, list allergies:	
(The purposed of the above listed information i	s to ensure that medical personnel have details of any medical

concern that may interfere with or alter treatment)

Has your child suffered any injuries in the last 18 months? YES NO
If YES, please describe the injury and your child's current condition:
Does your child have any limitations on the types of activities in which she may be involved?
YES NO
If YES, list limitation(s):
Will these medical problem(s), your child's use of medication, allergies, injuries, etc. affect your child while she is participating in sports/fitness activities, including rowing? YES NO
If YES, please explain:
If YES, what precautions should be taken while your child is participating in sports/fitness activities, including rowing?
Date of last physical exam:  Does your family have insurance? YES NO
Does your family have Medicaid/Medicare? YES NO
Name of Insurance Carrier:
Plan or Policy No/Medicaid No
Did you receive free/reduced price lunch in school? YES NO
Parent/Guardian Agreements
I certify that (child's name) is in normal health and is capable of participating in the PowerPlay SuperSTARS Summer Leadership Academy.

• I hereby authorize the program directors to act in my behalf in accordance with their best judgment in case of an emergency and to obtain necessary medical treatment for my child with the understanding that the family will be notified as soon as possible.

#### **LIABILITY WAIVER:**

The participant noted below and her parent/legal guardian shall save PowerPlay NYC, Inc ("PowerPlay") and all other program providers and their respective officers, directors, employees, and agents harmless against any and all injury, loss, or damage and any and all claims for injury, loss, or damage or whatever nature resulting from the student's participation in the Summer Leadership Academy.

With my signature below, I hereby give my permission to PowerPlay and the program providers to give consent on my behalf in the event of the need for the emergency administration of medical treatment which any of the Program Providers, in its sole discretion, believes to be necessary and appropriate, including, without limitation, treatment by trained First Aid personnel, EMTs, First Responders, Paramedics and Emergency Room Physicians. In consideration of the Program Providers permitting my child to participate in the STARS Summer Leadership Academy activities and programs, I hereby release, discharge and agree to indemnify and hold harmless the Program Providers and their directors, organizers, sponsors, coaches, staff, volunteers and agents from any and all claims, liabilities or caused of action arising out of such treatment and with respect to the exercise of its judgment in this regard. I further attest that I have disclosed all vital and important health information (allergies, medications and medical limitations on activities) which would be necessary for the proper care of my child. I agree to pay, and to assume responsibility, for all medical expenses incurred in the treatment of my child.

Name of Participant:		
Signature of Parent /Guardian	Date	
	providers permission to use my daughter's photo in mate nay include brochures, newspapers, the Internet, magazine	
Signature of Parent /Guardian	Date	