



National Coalition of 100 Black Women

Decatur-Dekalb Chapter, Inc.

Legacy Program

Participant Application

Please type or clearly print the information requested below. All questions must be answered. You may attach additional sheets if needed. Please mail application to: NCBW 100 Decatur/Dekalb Chapter, P.O. Box 360752, Decatur, GA 30036-0752 or Email

to: esturnerbryant@valdosta.edu

Date: _____

Name: _____
 First Middle Last

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone #: _____ Email: _____

Birthday: _____
 MM/DD/YYYY

Grade: _____ Current GPA: _____

School Name: _____

School Address: _____ Telephone # _____

Parent/Guardian Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Telephone # _____ Evening Telephone # _____

Email Address: _____

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1. Please list all organizations in which you are currently participating. Include all sports and organizations that are school or community-based. If you hold an office in an organization, please list that as well. (example: President, Secretary, etc.)

2. Please list any honors or achievements that you may have received in the past two years.

3. Please describe your career goals after school. (example: attend college, military service, etc.)

4. Briefly explain why you should be chosen to participate in the Legacy Program. Include any significant talents, achievements, or personal traits that you think will add value to the program.

Student Participation Agreement

If selected to participate in the Legacy Program, I understand that it is my responsibility to attend all program sessions and participate in and complete assignments given as part of the program. I also understand that my active participation is important to the success of the program and I will notify the chapter in advance if I cannot attend a meeting or participate in an activity. I understand that Legacy participants can miss no more than two sessions a year and must participate in community service projects. Failure to meet these requirements will result in removal from the program and will affect eligibility to receive program scholarships.

Note: You must sign below or your application will not be considered for the program:

Participant Signature

Date

Parent/Guardian Signature

Date