

QUALIFICATIONS:

All Leadership Applicants Must:

- Be a female student currently enrolled in middle or high school.
- Be in good academic standing and have no attendance or disciplinary problems at their school.
- Complete this "Girls Are Phenomenal" Leadership Program Application.
- Attend orientation.
- Provide a copy of *Current* Report Card or *Current* "Unofficial" transcripts.
- Pay all tuition and fees via Camp S.W.A.G. Payments online at
 <u>https://cswag.org/membershiplevels/</u>, complete credit card information below
 (see page 8) or give us a call at (833) 226-7792, payment arrangements are
 available.

New Leadership Applicant Submission and Process:

- Complete this "Girls Are Phenomenal" Leadership Program Application.
 Completed application can be emailed to <u>Membership@cswag.org</u> or mailed directly to Camp S.W.A.G.
- Provide a copy of *Current* Report Card or *Current* "Unofficial" transcript. Copies can be emailed to *Membership@cswag.org*, mailed directly to Camp S.W.A.G.
- Once your application and payment have been received, you will immediately receive an email confirming of your application submission and payment confirmation. We will contact you within 48 hours with the orientation times and dates
- Show proof of age via applicant's Birth Certificate, State Driver License or State Identification Card at orientation (For Age Verification Only).
- If payment has not been received within 24 hours of applying, your application will be discarded. We accept Visa, MasterCard, American Express and Discover Card.

CONFIDENTIALITY STATEMENT:

Camp S.W.A.G. does not share any information contained in this application with anyone other than pertinent Camp S.W.A.G. personnel.



Tuition and Fees(Middle and High School Girls)

Middle and High School Girls are in Separate Programs

"Girls Are Phenomenal" Leadership Program (3-Month Program)

\$350 plus a \$50 one-time non-refundable administrative fee and processing fee

Total Price = \$400

"Girls Are Phenomenal" Leadership Program (12-Month Program)

\$4,500 plus a \$300 one-time non-refundable administrative fee and processing fee, which includes all uniforms

Total Price = \$4,800



Middle and High School Girls are in Separate Programs

MAIN CONTACTS (parent/guardian):		
Name of Parent/Guardian (1):	Name of Parent/Guardian (2) :	
Email of Parent/Guardian (1) :	Email of Parent/Guardian (2) :	
Cell Phone (1):	Cell Phone (2):	
Work Phone (1):	Work Phone (2):	
Emergency Contact (Name, email, cell phone number)	Emergency Contact (Name, email, cell phone number)	
PARTICIPATE INFORMATION		
Name (last, first)	Date of Birth:	
Street Address, City/State, Zip Code:		
Email:		
Do you have any food allergies? If yes, please explain		



What is your food? What is your favorite pizza?		
Program of Interest:		
	Middle School Girls	High School Girls
	☐ 3-Month Program (January 1 st – March 31 st)	☐ 3-Month Program (January 1 st – March 31 st)
	☐ 3-Month Program (April 1 st – June 30 th)	☐ 3-Month Program (April 1 st – June 30 th)
	☐ 3-Month Program (July 1 st – September 30 th)	☐ 3-Month Program (July 1 st – September 30 th)
	☐ 3-Month Program (October 1st – December 31 st)	☐ 3-Month Program (October 1st – December 31 st)
	☐ 12-Month Program (October 1st – September 30 th)	☐ 12-Month Program (October 1st – September 30 th)
SCHOOL INFORMATION		
Naı	me of School:	rade Level:
Lis	t of classes you are taking this semester:	



PARTICIPANT QUESTIONNAIRE

Please take a moment to answer the following questions honestly and in detail. This part of the application process is taken very seriously and we would love to hear your voice. This is an opportunity for the "Girls Are Phenomenal" Leadership Program Staff to get to know you a little better. This is an opportunity for self-refection and self-awareness. *If you wish to type your answers on a separate sheet of paper, please include questions/statements with your answers and attach to the back of this application.*

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What are your favorite subjects and why?
What are your least favorite subjects and why?
What subjects do you feel you need help with?
What subject(s) will you be volunteering to tutor with fellow leaders? (12-Month Leadership Program Requirement Only)
What three words come to mine when you think about leadership?



PARTICIPANT QUESTIONNAIRE CONTINUED
Do you currently see yourself as a leader? □ Yes □ No Please explain your answer:
What does being a leader mean to you?
Name any leaders that you admire and explain why you admire them.



PARTICIPANT QUESTIONNAIRE CONTINUED	
Tell us a little about your likes and hobbies.	
What do you feel is/are the most important issue(s) that girls face today?	
Have you ever been bullied? If yes, how did it make you feel?	
Have you ever bullied any of your peers? If yes, how did it may you feel?	
Do you feel that you suffer from low self-esteem? If yes, please explain.	



"Girls Are Phenomenal" Leadership Program Tuition Information

Camp S.W.A.G. Membership # (If applicable):		
	Camp S.W.A.G. Members will receive	ve a 10% discount on the program.
Pa	articipant Name:	
 Payment Options: You can complete the credit card information below. Visit us online at https://cswag.org/membership-account-2/membership-levels/ and submit your payment online. Give us a call at (833) 226-7792 to pay by phone. 		
	We accept MasterCard, Visa, D	
	Credit Card	Information
Na	ame on Credit Card/Debit Card:	
Credit Card Billing Address:		
Credit Card/Debit Card Number:		
	edit Card/Debit Card Expiration Date:	Credit Card/Debit Card CVC:
By signing and dating below, I acknowledge and understand that my credit/debit card will be charged \$400.00 for the 3-Month Leadership Program or \$4,800.00 for the 12-Month Leadership Program inclusive of applicable non-refundable processing and administrative fee (see above for details). LEADERSHIP IN THE "GAP" LEADERSHIP PROGRAM IS NOT COMPLETE UNTIL ALL PAYMENTS AND FEES ARE PAID IN FULL.		
This page will intentional be shredded once payment is rendered, unless payee requested to have information stored for future payments.		
Do you want Camp S.W.A.G. to store your credit card information? ☐ Yes ☐ No		
S	Signature:	Date:



PLEASE READ, ACKNOWLEDGE THE FOLLOWING, SIGN AND DATE		
☐ I understand the purpose of the Camp S.W.A.G. Leadership program and, if selected, I will devote the time and resources necessary to complete the program. Even though emergencies do arise, I will make every effort possible to attend all sessions, if accepted into the Camp S.W.A.G. Leadership Program.		
☐ I understand at all administrative and processing fees are non-transferable and non-refundable and I have read the Camp S.W.A.G. Refund Policy at https://cswag.org/membership/code-of-conduct/ .		
☐ I have read and agreed to the Camp S.W.A.G. Code of Conduct, Policies and Acknowledgment and Assumption of Risks & Release and Indemnity Agreement at https://cswag.org/membership/code-of-conduct/ .		
Adult participant and/or parent of a minor participant agree: I have carefully read, understand and voluntarily sign this Document and acknowledge that it shall be effective and legally binding upon me, my spouse, participating minor child and other children, and my/my child's other family members, heirs, executors, representatives, subrogors, assigns and estate. An adult participant must complete the information and sign below. If the participant is a minor, the participant's parent must complete the information and sign below. Please note: the parent must sign below, both in his/her capacity as a participant, and as a parent of any participating minor child identified below.		
By signing and dating below, I have read and agree to Camp S.W.A.G. Policies, Code of Conduct and Acknowledgment and Assumption of Risks & Release and Indemnity Agreement.		
Participant Name:	Participant Signature:	
Participant's Birth Date:	Date:	
Signature of Parent/Guardian of Participating Minor	Date:	



Submit completed application to

membership@cswag.org

OR

Camp S.W.A.G.

GAP Leadership Program

P. O. Box 3392

Cary, NC 27519



OFFICIAL USE ONLY

New Member:	□ Yes □ No
Payment Plan Elected:	□ Yes □ No
Membership Accepted: □ Yes □ No	Membership ID #:
If no, please explain:	
Parent/Guardian Name:	
Parent/Guardian Cell Phone:	
Parent/Guardian Email:	
Emergency Contact Name:	
Emergency Contact Cell Phone:	
Camp S.W.A.G. Staff Name:	
Camp S.W.A.G. Staff Signature:	
Date Application Processed:	





NOTES:	
Print Name:	
Signature:	Date: