

GREATER IS HE MINISTRIES
P.O. Box 1634 * Trenton, New Jersey * (609) 695-6029

"PRINCESS - 2- QUEENS"

To be considered for the Princess -2-Queens program this document MUST be complete. Recommendations and essays must be typed or printed in the space provided. In addition, ALL applications must be submitted before the deadline. Applications submitted after the stated deadline cannot be considered and WILL BE discarded. Applicants who qualify to participate in the Princess-2-Queens program will receive their notification in the mail. Should you have any questions regarding the application process, please contact the main office.

Applicant Name: _____ Date Applied: _____
Last First MI

SCHOOL INFORMATION

Name: _____ Date of Birth: _____
Address: _____ MM/DD/YYYY

Highest Level of school completed: _____ Do you plan to attend college? _____

APPLICANT INFORMATION:

Street Address: _____ Apt./Unit #: _____
City/State/Zip: _____ Daytime #: _____
Email Address: _____ Evening #: _____

How many children do you have? _____ Number of children in your household? _____

EMERGENCY CONTACT INFORMATION

Name of Individual: _____ Relationship: _____
Daytime #: _____ Evening #: _____

OTHER PROGRAM INFORMATION:

Do you participate in any other residential or community program? _____

If YES, name of program? _____ Contact Person: _____

Program Address: _____ Phone#: _____

OPTIONAL INFORMATION:(check all that apply)

Ethnicity:	<input type="radio"/>	African American	<input type="radio"/>	Caucasian	<input type="radio"/>	Hispanic	<input type="radio"/>	Asian	<input type="radio"/>	Other
Marital Status:	<input type="radio"/>	Single	<input type="radio"/>	Married	<input type="radio"/>	Divorced	<input type="radio"/>	Widow		
Income Level:	<input type="radio"/>	under \$15,000	<input type="radio"/>	under \$25,000	<input type="radio"/>	under \$35,000				

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PERSONAL ESSAY:

Respond to at least two of the questions below.

- [1] Explain what characteristics you believe are essential in becoming an effective leader.
- [2] Describe your idea of a debutante and how you believe you are similar or different.
- [3] What important lessons have you learned as a parent? How have these lessons affected your character?
- [4] How are you an ideal candidate for this program?

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APPLICANT REFERENCE FORM

Applicant Name: _____ Referred By: _____

The applicant named above has applied to participate in the Princess - 2 - Queens community program. This 2-year program gives teenage mothers a second chance to become young ladies of maturity, stature, and class by assisting them in reaching their goals. This is accomplished by ensuring they complete requirements for graduation, take the SAT's, and are accepted at (2) Institutions of higher learning. Your referral will play a vital part in determining the applicants eligibility for this program.

Please respond to ALL of the following questions:

How long have you known the applicant and in what capacity? _____

Your opinion of the applicants moral character. _____

List any qualities you feel make the applicant especially suited for this program. _____

Please rate the applicant's characteristics using this scale:

(N>don't know; 1>poor; 2>below average; 3>average; 4>above average; 5>excellent)

Adaptability	_____	Ability to work on a team	_____
Problem Solving	_____	Ability to learn from experiences	_____
Responsibility	_____	Self - motivation	_____

Please write a brief statement describing this applicant's ability to participate in this program. Include specific examples that support your evaluation of the above characteristics.

Please mail this reference to the attention of the Program Director at the above address.

Signature: _____ Date: _____

Occupation: _____ Address: _____

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