

**CONGRATULATIONS STRONG, SMART, AND BOLD YOUNG WOMAN!**

**YOU HAVE BEEN NOMINATED FOR**

**THE GIRLS INC. OF LYNN TEEN LEADERSHIP ACADEMY**



- ✓ **You have goals.**
- ✓ **You have dreams.**
- ✓ **You can be a leader.**

**We want to help you  
get there.**

**THE TEEN LEADERSHIP ACADEMY** recognizes the amazing leadership potential young women have today. It provides an intensive, pro-girl leadership development program for young women in high school. This 12-week program will bring together teen leaders with professional women coaches to build relationships, self-confidence, leadership and life skills, and to celebrate the potential of all women.

#### **PROGRAM HIGHLIGHTS**

- ▣ Goal Setting and Time Management
- ▣ Communication and Public Speaking
- ▣ College Access and Readiness
- ▣ Smart Money Management
- ▣ \*Dressing for Success – receive a \$100 gift card for an interview outfit

#### **WHEN?**

Mondays, March 12-June 11th

6:00 – 7:30 p.m.

#### **WHERE?**

Girls Inc. of Lynn  
50 High Street, Lynn

*\*Upon successful completion of the program—all attendance, behavior and other requirements must be met.*

**girls  
inc.**

of Lynn

**TO ACCEPT THE NOMINATION, Please return the attached application to your guidance counselor or Girls Inc. by Monday, March 5<sup>th</sup>.**

**FOR MORE INFORMATION, please contact Karyn King Fargo at Girls Inc. of Lynn, 781-592-9744 x 232 or [kfargo@girlsinclynn.org](mailto:kfargo@girlsinclynn.org).**

50 High Street | Lynn, MA 01902 | 781.592.9744 | [www.girlsinclynn.org](http://www.girlsinclynn.org)

A handwritten signature in blue ink, located in the bottom right corner of the page. The signature appears to be 'Karyn King Fargo'.

**Girls Inc. of Lynn**  
**TEEN LEADERSHIP ACADEMY APPLICATION**

Please print clearly

YOUR Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

TODAY's DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ Your Birthday (Month/Day/Year): \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ Apt#: \_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

YOUR Phone: \_\_\_\_\_ Text? Y or N YOUR Email: \_\_\_\_\_

First and last name(s) of your parent/guardian(s):  
\_\_\_\_\_

Parent Phone: \_\_\_\_\_ Text? Y or N

What language(s) does your parents speak?  English  Spanish  Both: English and Spanish  
 Other: \_\_\_\_\_

1. Can you commit to meet every Monday from 6:00-7:30 between March 12 – June 11, 2018 (12 sessions)?
  
  
  
  
  
2. What does leadership mean to you?
  
  
  
  
  
3. How does the Girls Inc. Teen Leadership Academy fit into your future goals?
  
  
  
  
  
4. What would you like to learn from a professional woman established in her career?

Name and title of the school faculty member who nominated you  
\_\_\_\_\_

Faculty members' signature \_\_\_\_\_

Contact information \_\_\_\_\_

Please return to your guidance counselor by Wednesday, February 28, 2018.  
Girls Incorporated of Lynn will contact you to schedule a brief interview.

