



Workshop dates
October 12, 8:00am – 5:00pm
October 13, 10am-3pm
Ponderosa Family Resource Center
320 E. Orangewood Avenue, Anaheim, CA 92802

Return your application
 Angie Gomez
agomez@anaheim.net
 200 S. Anaheim Blvd, #433
 Anaheim, CA 92805

GETTING INSPIRED – 4GIRLS Application
4GIRLS 活动参与者申请表

4GIRLS Organization does not discriminate on the basis of race, creed, national origin, ethnicity or religion, disability or sexual orientation in the administration of its admission to the 4GIRLS Workshop.

Girls who have not participated in past 4GIRLS workshops Will be given priority over past attendees.

4GIRLS Organization 在进行讲习班参与者录取时，将平等对待来自不同种族，拥有不同信仰，拥有不同国籍，来自不同民族，宗教，残障，拥有不同性向的申请者。第一次申请参与者在录取时，相较往届参与者，拥有优先录取权。

Applications are due: September 20. 应用到期: 9月20日

Referred by: (To be completed by school official or other person referring to workshop) 推荐人 (由学校工作人员填写或非学校工作人员的其他推荐人填写)

Name 姓名: _____

Title 职位: _____

School 学校: _____

Phone Number 电话号码: (____) ____ - _____

Date 日期: _____

Any special accommodations for the girl re: physical and emotional needs? (Please explain)

是否因身体或心理原因，有特殊住宿要求? (请解释)

Participant Information 参与者信息
 (Please complete entire application.)

请填写下列所有信息

First Name 名字: _____ Last Name 姓氏: _____

School 学校: _____ Grade 年级: _____ Age 年纪: _____

Primary Language 主要语言: _____

Primary language spoken at home 在家使用的主要语言: _____

Home Address 家庭住址: _____

City 城市: _____ State 州: _____ Zip Code 邮编: _____

Home Phone 家庭座机: (____) ____ - _____

Mobile Phone 移动电话: (____) ____ - _____

Email 邮箱: _____

What is your shirt size? (Circle one below) 你的T恤尺寸是?
 XS (加小) Small (小) Medium (中) Large (大) Extra Large (加大)

Parent or Guardian Information 父母或监护人信息

Name(s)姓名: _____

Relationship 关系: _____

Home address (if different) 家庭住址 (若和上文家庭住址不同则需填写; 若相同, 则可略过):

City 城市: _____ State 州: _____ Zip Code 邮编: _____

Home Phone 家庭座机: (____) ____ - _____

Mobile Phone 移动电话: (____) ____ - _____

Email 邮箱: _____

Please note that the workshop is conducted in English. 请注意, 讲习班使用语言为英语。

Emergency Contact Information 紧急联系人信息

Names(s) 姓名: _____

Relationship 关系: _____

Phone 电话号码: (____) ____ - _____

Doctor's Name 医生姓名: _____ Phone 电话号码: (____) ____ - _____

Signature of parent or guardian 父母或监护人签名: _____ Date 日期: _____

Please answer each question honestly and completely 请诚实并完整的回答下列所有问题

1. Who lives in your home with you? 你和谁一起住在家里?

2. What is your favorite band/song? 你最喜欢的乐队/歌曲?

3. What do you LOVE most about yourself (go ahead and brag)?_你最喜欢你自己哪一点? (尽情称赞自己吧)

4. What is the biggest CHALLENGE you're facing right now?_你现在所面临的最大的挑战是什么?

5. What ACTIVITIES do you participate in outside of school? 你参加了什么学校之外的课外活动?

6. For you, what is the most EXCITING thing about going to high school? 关于上高中, 最令你激动的事情是什么?

7. What WORRIES you about going to high school? 关于上高中，最使你担心的事情是什么？

8. Who do you ADMIRE most in your life right now? 目前，你最敬佩的人是谁？ _____

Why do you admire this person? 你为什么敬佩这个人呢？

9. What is one DREAM you have for yourself? 你的梦想是什么？（举出一个即可）

10. Please tell us ONE WORD that describes you 请用一个词形容你自己

11. Tell us WHY you should be selected for the 4GIRLS Workshop? (Use additional paper if needed.) 请告诉我们，你认为 4GIRLS 讲习班录取你的理由是什么？（如果你有更多信息想让我们了解，可以使用额外的纸张书写，并与本申请表一同提交）

12. If you have attended a workshop in the past, what did you learn and how have you applied it to your life? 如果你之前参加过我们的讲习班，你学到了什么？你是如何将所学应用到你的日常生活中的？
