



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY



DIAMOND GIRLS IN TRANSITION

APPLICATION FORM



PLEASE RETURN COMPLETED APPLICATION TO YOUR HOMEROOM TEACHER.

PART ONE: To be completed by the applicant.

Applicant's Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

School _____ Homeroom Teacher _____

Reference Name (teacher, counselor or pastor of the church you attend) _____

Parent/Guardian Signature _____

***Participants will be expected to attend two meetings per month.**

A. Describe why you would like to be part of the Diamond Girls program. (Attach additional sheets if needed).

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B. Please attach a copy of your last report card.

C. Please attach a copy of your last discipline referral.

PART TWO: This adult reference should be completed by a teacher, counselor, or pastor of the church you attend.
Comments from your parent/guardian may also be attached.

Reference Name _____

Relationship to Applicant _____

Check one rating in each category to assess the following qualities of the applicant.

1 = Don't know 2 = Below Average 3 = Average 4 = Above Average 5 = Excellent

	1	2	3	4	5		1	2	3	4	5
Is able to share ideas and feelings						Is able to relate well to adults					
Is able to relate well to peers						Is physically fit					
Has poise in meeting people						Is able to work well in a group					
Is dependable and responsible						Is adaptable and flexible					
Accepts differences in people						Shows humor and spontaneity					

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