

AWOW YOUNG WOMEN LEADERSHIP WORLD SUMMIT

Deadline: June 30, 2015.



Please complete all information (type or print clearly).

Ambassador

Name: _____
First (as you want it to appear on name badge) MI Last

Birth Date: ___ / ___ / ___ Year in school (as of May 2015): _____
Mo Day Year

Email address: _____ Phone number: () _____

Facebook: _____ Instagram: _____

Twitter: _____ WhatsApp: _____

Address

Mailing address: _____

City, State/Province, Zip/Postal code: _____

Ambassador preferred method of contact: Mail Email

Parent preferred method of contact: Mail Email

Education

School | University | College -attending _____

School address: _____

City, State/Province, Zip/Postal code: _____

Freshman__ Sophomore__ Junior__ Senior__ Other_____ GPA/Average Cumulative Grade: ____

Hobbies | Special interests: _____

How did you hear about AWOW? _____

Parent/Guardian (if Ambassador is under age 18)

Mother or Guardian

Name: _____

Email: _____

Work phone number: () _____

Home phone number: () _____

Cell phone number: () _____

Father or Guardian

Name: _____

Email: _____

Work phone number: () _____

Home phone number: () _____

Cell phone number: () _____

In completing this form you are applying to attend the A-WOW International Girls Leadership Initiative World Summit, a Humanitarian formation leadership programs for teen girls and young women ages 16 – 24 only.

Travel Information

I will arrive at the AWOW World Summit by:

Being dropped off by parents/guardians or other relatives Driving my own vehicle Other

Specify other: _____

Non-USA Ambassadors Only:

Home country/Passport issued by: _____ Visa type: _____

Date departing from your country: _____ Date departing from the U.S.: _____

Ambassador First Name: _____ **Last Name:** _____

Recommendation (required for ALL AMBASSADORS)

By signing this application, the individual is endorsing the applicant as a person with creditable academic standing, a high standard of integrity and maturity, and a sincere desire to participate in the unique leadership development of the World Summit.

Name of Recommender _____ Position/Title: _____
First Last

Signature of Recommender: _____

Email address: _____ Phone: () _____ Ext: _____

A limited amount of partial scholarship is available (to be completed by staff)

This ambassador has been selected to receive a partial scholarship for the 2015 AWOW World Summit

Name of sponsor: _____

Contact Person: _____

Contact's email: _____ Phone: () _____

Mailing address: _____

City, State/Province, Zip/Postal code: _____

Preferred method of contact: Email Mail Phone

Applicant, IF YOU RECEIVE A PARTIAL SCHOLARSHIP, PLEASE SIGN BELOW

I agree to attend the entire event and to relate my experience at the Summit via testimonial to AWOW Inc. upon my completion. If I cannot fulfill this agreement, I agree to reimburse the partial scholarship.

Signature of Ambassador Date

Signature of Parent/Guardian Date

Valued at over \$3000.00 AWOW YOUNG WOMEN LEADERSHIP WORLD SUMMIT FEE

\$700 (USD only) Domestic Ambassadors (U.S. and Canada) \$700 International Ambassadors(USD only)

Make checks payable to AWOW Inc. Fees are payable in U.S. Dollars (USD) only.

MasterCard and Visa Credit cards accepted via PayPal. (We do not accept any other credit cards).

Will pay by credit card via PayPal.

A check or money order is enclosed: \$ _____ No. _____ Date: _____

Sponsorship-Name Sponsor(will send payment): _____