



**FOR SCHOOL AND/OR CLUB USE ONLY**

(This is NOT the online application)

Please complete and return to the Guidance Office or the Local NJSFWC Club.

Student name \_\_\_\_\_ I prefer to be called \_\_\_\_\_ -

Address \_\_\_\_\_ Apt# \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

NOTE: Most communication will be sent by email. The subject line will always be Girls' Career Institute or GCI. Some emails will contain attachments. Please provide a personal email as most school emails usually reject messages if they have attachments. Please respond promptly to all emails so that we know you have received the message.

Personal email \_\_\_\_\_

High School you currently attend \_\_\_\_\_

School Address \_\_\_\_\_

Post High School Plans \_\_\_\_\_

Major \_\_\_\_\_

School  
Activities \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Community Activities  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sports, Hobbies, Other Interests  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please circle one

Disability Accommodations None Yes (if yes please identify) \_\_\_\_\_

Allergies None Yes (if yes please identify) \_\_\_\_\_

Dietary Restrictions None Yes (please identify) \_\_\_\_\_