



**Parent/Guardian Recommendation Form:**

I, \_\_\_\_\_, **[CANDIDATE NAME]** request that you complete this recommendation form for my application for The Power of Girls program.

To Parent/Guardian: The applicant has applied to The Power of Girls program.

Please note this program requires 1) mandatory attendance by applicant at all Power of Girls meetings throughout the year (April 2020 – April 2021; meetings are held monthly on a Saturday for 4 hours), no more than 3 quarterly regional trips, and participation in an international trip to (Greece and Italy) in June 2021 (dates to be confirmed by Summer 2020)

I, \_\_\_\_\_ **[PARENT/GUARDIAN]** understand that upon acceptance into The Power of Girls, I will be required to sign a waiver for my child. As the parent/guardian, I will be responsible for the transportation to and from activities, and will pick up my child promptly at the end of activities. If my child misses four mandatory lessons, she will no longer be allowed to participate in the program and will return all incentives earned in the program. If fundraising has happened for your child’s international trip, those funds will be transferred to another child (runner up).

I, \_\_\_\_\_ **[PARENT/GUARDIAN]** are required to fundraise \$1,750 (due March 2021) to offset travel fees (lodging, flights, transportation) for the applicants. Fundraise training and tools will be provided by the Power of Girls by March 2020. Applicants will be required to bring their own spending funds (food).

**In 200 words or less, please describe why you think  
\_\_\_\_\_ [CANDIDATE NAME] is a worthy candidate  
that will benefit from this program. Essay must be typed or printed neatly.**