Musketeer Misses Mentoring Organization

Est. 2018

Advisor: Mrs. Vakesa Hawthorne

Advisor: Mrs. Angel Little

Founder: Ms. Tara Swinson

Mission: The Musketeer Misses wants to help you build a better self.

Overview

The Musketeer Misses will serve as a mentoring program at the Academy of Richmond County High School. The program will target incoming freshman females for the 2019-2020 school year. The ideal candidate will be a female student that wants to increase her self-awareness by proactively participating in enrichment activities with like-minded peers. Also, she wants to build her leadership goals through positively engaging with her peers. Overall, the female student wants to gain insight on how to create her better self. The program participant will actively engage with the program during their freshman and sophomore year. Once the student has reached junior classification, the student will become a mentor to the incoming freshman class.

As a whole, we will meet twice a month after school from 3:15-4:15pm. During our first meeting time, we will focus on academics. Invited teachers will tutor the students in specific content areas. This will be the time where the ladies will focus on progressing within the school. Our next meeting time will focus on enhancing our selflessness thinking. Speakers will come to give insight on how to increase the love of self, whether the topic is romance in high schools or goal setting. We will participate in community service off campus. Also, one Saturday per month we will have a group outing to celebrate our successes from the month.

Musketeer Misses will truly have a positive impact on the participants throughout high school, academically and socially. As the mission states, we want each participant to build a better self.

Fees

There is a nonrefundable \$5 fee for the Musketeer Misses Mentoring Organization Application. If your child is selected to become a mentee, there will be membership dues in the amount of \$35.

Selection Process

Each candidate will complete the written application. Since the students will not be able to receive recommendations from their teachers, each candidate must go through an interview process. Due to the need of individualized attention, there will only be select group of females chosen for the program. There is not a particular student that the program is looking for, so all ninth grade female students are encouraged to apply.

Questions or Concerns

If you have any questions, please feel free to contact Mrs. Hawthorne (Room 309) or Mrs. Little (Room 320).

The Musketeer Misses Mentoring Program Application

Please <u>write clearly</u> and answer <u>every question</u> .		
Date:		
Name:		
Age: Birthday:	Ethnicity:	
Name of Parent(s)/Guardian(s):		
Address:		
City:		Zip Code:
Home Phone Number:		
Child's Mobile Phone Number(s):		
Parent's Mobile Phone Number(s):		
Child's Email Address:		
Parent's Email Address:		

On the following page, below please answer the questions as honestly as possible. This is a major part of the decision making for your admittance into the program. Please write legibly in blue or black ink.
Why do you want to join the Musketeer Misses Mentoring Program?

Wh	at are three words that would best describe you?
Plo:	ase describe three things that you are good at:
1 10	ase describe tilles tillings tilat you are good at.
-	
lo th	nere anything that you would change about yourself?
15 U	lere arrything that you would change about yoursell?
	nere anything else that you would like to describe about yourself that may help us in making a c
for '	your acceptance into the program?

PARENT/GUARDIAN CONSENT AND LIABILITY RELEASE FORM

I,	, give my consent for my student,				
	to participate in th	e Musketeer Misses Mentoring			
Organization at the Academy of Richmond County High School. I will also give consent for my child to					
participate in all Musketeer Misses Mentor Organization activities; including providing transportation. In consideration of the advantages of participation in the Musketeer Misses Mentoring Organization, the					
may occur as a result of participation in t	he Musketeer Misses M	entoring Organization, except to the			
extent of insurance liability as provided by					
, I	•				
Signature		Date			
Print Name	Relationship to child				
Address	City	Zip			
Home Phone Number Mobile/Page	er Phone Number	Work Phone Number			
Email Address	Langua	ge Spoken by Parent/Guardian			
Emergency Contact and Phone(s)					
Will you be able to help with transportati Yes or No	on of your child to meet	with the program activities?			
On a scale of 1 to 5 (1 being the <u>least</u> and UNINVOLVED 1 2	1 5 being the <u>most</u>) how	involved will you be in this program? 4 5 VERY INVOLVED			
Please write here why you think your chi i.e. special needs or concerns:					
*****PLEASE RETU	RN WITH MENTEE	APPLICATION****			
Signature:		Date:			