
Unidas

"Demonstrating Leadership Through Philanthropy" 2010-2011 Program Application

Your completed application must be received by
5:00 PM Monday, September 13, 2010

Send/deliver your application to:
Women's Foundation of Southern Arizona
c/o Unidas
2250 E. Broadway Blvd,
Tucson, AZ 85719

or, fax it to:
770-1500

You must call to confirm receipt

Questions?

Contact the Women's Foundation at
622-8886 or unidas@womensgiving.org

First Name
Last Name
Address
City
Zip Code
Home Phone
Cell Phone
Email
School
Grade
Age
Date of Birth / /

1. Will you have transportation throughout the year? Yes No

Most meetings will be held at the Women's Foundation of Southern Arizona office at 2250 E. Broadway Blvd.

2. Can you commit to meeting at least three times a month throughout the school year? Yes No

The program begins with a day-long retreat on Saturday, September 25th with meetings generally every other Thursday for 2 hours starting at 4:30 PM. Alternating Thursdays are reserved for workspace, events or other activities.

3. Please indicate any day you would be absent or late to a schedule meeting.

<i>Absent or Late</i>	Day	Time	Type
	Saturday, September 25	10:00 AM - 4:00 PM	Retreat
	Thursday, September 30	4:30 - 6:30 PM	Kick - off
	Thursday, October 7	4:00 - 6:00 PM	Workspace / Planned Activity
	Thursday, October 14	4:30 - 6:30 PM	Meeting
	Thursday, October 21	4:00 - 6:00 PM	Workspace / Planned Activity
	Thursday, October 28	4:30 - 6:30 PM	Meeting
	Thursday, November 4	4:00 - 6:00 PM	Workspace / Planned Activity
	Thursday, November 18	4:30 - 6:30 PM	Meeting
	Thursday, December 2	4:30 - 6:30 PM	Meeting
	Thursday, December 16	5:00 - 8:00 PM	Holiday Party
	Thursday, January 6	4:30 - 6:30 PM	Meeting

9. What do you hope to accomplish through your involvement in Unidas?

10. What have you learned about yourself in the last 6 months that you are most proud of?

In order to ensure that we recruit a diverse group of girls, we would like to find out more about you. Please mark all that apply to you.

African/Caribbean Asian/Pacific Islander Caucasian Latina
Middle Eastern Multi-Racial Native American Other: _____

Are you a mother? Yes No

Do you have a disability? Yes No

If yes, please list accommodations you will need.

Do you have any food allergies or dietary restrictions? Yes No

If so, please list below.

Signature of Applicant

Signature of Parent or Guardian

Date

Date