



EMPOWERMENT TEAM MEMBERSHIP APPLICATION

ABOUT HIP HOP 4 LIFE

Hip Hop 4 Life is a champion of positive youth development and empowerment. Our mission is to provide interactive life skills training and health awareness programs that are designed to engage, educate and empower young people to lead extraordinary lives. This is done via our Empowerment Team, Youth Development, and Community Outreach programs. Since our inception in 2003, Hip Hop 4 Life has served over 10,000 young people in our hometown of New York City and across the nation.

ABOUT THE EMPOWERMENT TEAM

The Empowerment Team is our mentoring program for young people ages 12-18. We provide youth who are accepted into the Empowerment Team with year-round mentoring, interactive life skills training and health and nutrition workshops, social and educational outings, college/career counseling and leadership instruction, and much more. Young people remain with the Empowerment Team until their 19th birthday. After graduating, alumni may continue their involvement with the organization as Youth Leader.

MEMBERSHIP IS FREE!!!

Being a member of Hip Hop 4 Life provides you with the opportunity to:

- Participate in interactive MAN UP! (males) and SHADES OF BEAUTY (females) rap sessions and other events (this is a requirement)
- Attend exciting outings planned just for you
- Assistance with Job Shadowing / Internship Opportunities
- Receive college prep assistance
- Volunteer at large Hip Hop 4 Life events
- Develop your leadership potential, communication skills and self-esteem

INTERESTED? PLEASE COMPLETE THE ATTACHED MEMBERSHIP APPLICATION

ALL REGISTRATIONS MUST BE RECEIVED BY SEPTEMBER 30TH



EMPOWERMENT TEAM MEMBERSHIP APPLICATION

Must be completed by youth applicant

GENERAL INFORMATION

Today's Date: _____

Name: _____

Age: _____ Date of Birth: _____ Female: _____ Male: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address (Print Clearly): _____

Phone/Cell Number: (_____) _____ - _____

Parent or Guardian Name: He/She will be contacted for consent: _____

Parent/Guardian Phone Number: (_____) _____ - _____

Parent/Guardian Email Address: _____

EDUCATION:

Name of School: _____ Grade: _____

Expected Graduation Date: _____

REFERRAL:

In order to become a member you must submit a referral by a family member or non-family member (for example: teacher, employer, etc.) All referrals must be aged 18 or over and will be contacted upon receipt of your application. Make sure you let them know you listed them as a referral.

Name: _____ Relationship to you: _____

Daytime Phone Number: _____ Email: _____

Name: _____

Relationship to you: _____

Daytime Phone Number: _____

Email: _____

STATEMENT OF INTENT:

Why do you want to join Hip Hop 4 Life? Describe your experiences and/or future goals. (200 words or less-feel free to use extra paper)

SIGNATURE:

By signing the below line, along with my parent or guardian, I am expressing interest in being considered as a member of Hip Hop 4 Life

Signature: _____

Parent/Guardian Signature: _____

Parent/Guardian Contact Phone #: _____

**** Parents/Guardians will be contact upon receipt of this application. ****

Email, mail or fax your application to:

Tanisha Tate
Program Director
Hip Hop 4 Life
5 Penn Plaza, Suite 1960
New York, NY 10001
646-706-7370- phone
646-706-7377 - fax
Tanisha@HipHop4Lifeonline.com