



APPLICATION

March 5th – May 7th

Wednesdays 3:30-5:30pm

320 Memorial Drive Cambridge, MA 02139

www.shineforgirls.org

Name: _____

Phone Number: _____

Email: _____

School Name: _____

Math Teacher's Name: _____

Math Teacher's Phone Number/Email:

Parent or Guardian's Name:

Parent or Guardian's Phone Number:

Parent or Guardian's Email Address:

Why do you want to participate in SHINE?

What grades do you currently get in your math classes?

Do you have any previous dance experience? If so, please explain.

What other extracurricular activities are you involved in?

Circle your favorite subject:

Math

Science

Social Studies

English

Foreign Language

Other: _____

Circle your least favorite subject:

Math

Science

Social Studies

English

Foreign Language

Other: _____

Which of the following best describes how you feel about the program?

Excited

Nervous

Curious

All three

No strong feelings

How would you get to SHINE every week?

Do you know anyone else who is applying? If so, please list their names here.

How did you hear about SHINE?

Anything else you feel we should know?

That's it! By signing below you confirm that you are a 6th or 7th grade girl living in the Boston/Cambridge area. Please send this completed application to

Attn: Sally Susnowitz, Director
MIT Public Service Center
77 Massachusetts Avenue, 4-104
Cambridge, MA 02139
(SHINE application)

Or fax it to: (617) 258-9357

Signature: _____