



Boys & Girls Club  
of East Scarborough



# *her L.I.F.E.* **LEADERSHIP DEVELOPMENT PROGRAM APPLICATION PACKAGE**

**DEADLINE:** Deadline to submit: Friday, **October 30th, 2021.**

**HOW TO SUBMIT:** Submit via email to [herlife@torontoaka.ca](mailto:herlife@torontoaka.ca)

**NOTIFICATION:** Successful applicants will be notified via email by **November 1st, 2021**

**START DATE:** *her L.I.F.E.* will kick off **VIRTUALLY** the **week of the November 8th**. There will be an orientation for the parents and guardians of the participants the week prior to the first session.

The program runs weekly on **Tuesdays from 6:00pm to 8:00pm online** and may switch to in person at the East Scarborough Boys & Girls club at a later date.



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## her L.I.F.E. Leadership Development Program

### Letter to the circle of care

To the Parents, Guardians, Teachers and Supporters:

her L.I.F.E. is designed to use the joint efforts of the Alpha Kappa Alpha Sorority Incorporated Toronto Chapter (Toronto AKA), the East Scarborough Boys & Girls Club, and the TAIBU Community Health Centre, to support participants as they transition from grade 8 to grade 9.

Your role in this program is very important, we encourage you to:

- Attend virtual sessions we have designed for the adults of the her L.I.F.E. program;
- Assist us in highlighting the program participants' needs, hopes and desires;
- Engage with this program through her L.I.F.E. Program Coordinator, and;
- Participate in the evaluation/feedback of this program.

We appreciate that raising bright, curious, inspired minds is not always easy and has its own challenges. This program is designed to support girls to navigate difficult spaces, manage healthy relationships, and prepare them for a pathway to educational excellence, while learning how to overcome the challenges associated with being a young, Black girl.

We ask you to invite us into your circle of care. By circle of care we are referring to the community of parents, guardians, teachers, and caregivers that support the girls every day. This program will provide mentorship, self-awareness and community connections for every single participant. It is designed to work alongside you to build a community of young women that our city, province, and country need.

Thank you,

**Briddie Alstrom**  
President  
Alpha Alpha Delta Omega  
Chapter of Alpha Kappa Alpha  
Sorority Inc.

**Howard Moriah**  
Director of Operations  
Boys & Girls Club of  
East Scarborough

**Liben Gebremikael**  
Executive Director  
TAIBU Community  
Health Centre



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## herL.I.F.E. Leadership Development Program

### 2021 Application Package

her L.I.F.E. is a rite of passage program which will engage Black grade 8 girls from East Scarborough who demonstrate leadership potential and would benefit from personal development.

We hope that your responses to the questions below will help us build the first group of girls in the her L.I.F.E. program. Please feel free to use the boxes below to respond using the method of expression you are most comfortable with (i.e. writing, illustration).

#### Personal Reflection

1. What do you hope to get out of the her L.I.F.E program?



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2. The "life" in **her L.I.F.E.** stands for lived, inspired, fearless, experience. What are your four words for L.I.F.E.? Feel free to use the words listed. Please explain.

### Travel

3. Where have you always wanted to travel to? Please explain.



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Testimonial from Circle of Care (Parent, Guardian, Teacher, Coach, Caregiver)

4. How has this girl demonstrated leadership potential? Please provide at least two examples.



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## Her L.I.F.E. Leadership Development Program

### 2021 Application Package

#### Applicant Information

First Name:

Last Name:

Email (if any):

School:

Grade:

Dietary Restrictions,  
Allergies, or other  
important medical info.

#### Other Information

The **Her L.I.F.E.** program will run on **Tuesday evenings from 6:00pm to 8:00pm.** **Her L.I.F.E.** program participants have the option of getting a ride home on the Boys & Girls Club bus if and when the program moves back to in-person. To help us coordinate please provide the following information.

Parent/Guardian Name:

Parent/Guardian Cell:

Family Address (drop-off):

Family Email address:

Emergency Contact: