



Name of School/Organization: _____

Address: _____

Contact Name/Title: _____

Phone:

Office: _____

Fax: _____

Cell (optional): _____

E-mail: _____

What population of girls are you seeking programming for:

- 6 - 8th graders**
- Freshman and Sophomore**
- Juniors and Seniors**

Submitting an application does not guarantee that we will be able to provide programming at your establishment. Once your application is received, Gerry Howze will follow up with you about potentially becoming a partner location.

Thank you for your interest in PEARLS and your commitment to the youth you serve.