



ROSE'S LEADERSHIP ACADEMY



~ Fall 2024 Participant Application ~

About Rose's Leadership Academy:

Rose's Leadership Academy is a nonprofit mentoring initiative designed to help young ladies build self-esteem and self-respect, develop business acumen, and become productive and active citizens. I named the program after my maternal grandmother, Rosel Brasfield Jemison, because I could not think of anyone who better epitomized the vision of the program. My grandmother was a loving and faithful wife to my grandfather, Freddie until death parted them. She marched and sat-in for freedom during the Civil Rights Movement. With well-balanced discipline and love she raised her children, her grandchildren, and other people's children. She lived life to the fullest, and with STYLE! These are the values I wish to embody, and through this initiative, pass on to the next generation.



Rosel B. Jemison (1917 – 2008)

With love,

Ashley R. Wheat
Ashley R. Wheat, Founder

Eligibility Requirements

- Eligible to all girls grades 6th through 8th who reside in Tuscaloosa, Alabama
- Acceptable conduct and regular attendance are required for all program participants

Objectives

- | | |
|----------------------------|-------------------------|
| ➤ Business Acumen | ➤ Self-esteem |
| ➤ Professional Development | ➤ Community Involvement |
| ➤ Conflict Resolution | ➤ Public Speaking |
| ➤ Arts & Culture | ➤ Etiquette and Poise |

Please mail or email completed applications by September 22, 2024. There is no fee to apply or participate. Opportunities are competitive and are limited to ten individuals. Applications will be reviewed by a panel, and if selected to move forward, interviews will be held on September 29th at The House Tuscaloosa, Stillman College, 1600 John Knox Circle, Tuscaloosa, Alabama 35401. All applicants will be notified of final selection status by October 3rd, and sessions will be held October 6, 2024, through December 15, 2024.

Sessions will be each Sunday from 5:00 pm to 7:00 pm, with the exception of November 24th.

For additional information, please contact
Ashley R. Wheat at (205) 200-7805 or rosesleadership@gmail.com.

Mailing Address:
Rose's Leadership Academy
P.O. Box 1191
Tuscaloosa, AL 35403



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Applicant Information

Full Name:		Date of Birth:
Street Address:		Apartment #:
City:	State:	Zip:
Home Phone:		Cell Phone:
Email Address:		

School Information

School Name:		
Address:		City:
State:	Zip:	Classification/Grade:
Phone:	Counselor Name:	

Parent / Guardian Information

Parent / Guardian #1 Name:		Relationship:
Address:		Apartment #:
City:	State:	Zip:
Daytime Phone:	Evening Phone:	Cell Phone:
Email Address:		

Parent / Guardian #2 Name:		Relationship:
Address:		Apartment #:
City:	State:	Zip:
Daytime Phone:	Evening Phone:	Cell Phone:
Email Address:		

Emergency Contact

Name:		Relationship:
Address:		Apartment #:
City:	State:	Zip:
Daytime Phone:	Evening Phone:	Cell Phone:
Email Address:		

Medical Information

Do you have any physical impairment(s) that would require accommodation? No Yes (see below)
 (If yes, please provide the nature of accommodation requested): _____

Please list any allergies: _____

Please list any chronic illnesses: _____



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1. School Activities – List school activities, organizations, clubs, etc., in which you have participated, office(s) held, and time period you participated.

Activity, Organization, Club	From When?	To When?	Description of Participation / Responsibility

2. Community Activities / Volunteer Work / Social Organizations – List community activities and volunteer work in which you have participated and the time period you participated. Include church activities, clubs, and service organizations, if appropriate.

Activity, Organization, Club	From When?	To When?	Description of Participation / Responsibility

3. Special Recognition or Honors – Name any special achievements for which you have been singled out (honor society, talent displays, athletic achievements, etc.).

5. List any leisure activities, interests, and hobbies.

If chosen as a Participant, the undersigned hereby agree to support Rose's Leadership Academy by participating in all activities and abiding by the rules set forth. Signees further verify that the information on this application is accurate to the best of their knowledge. Any irregularities or misrepresentation in this application may result in the applicant being declared ineligible and forfeiting all privileges and educational endowments provided by Rose's Leadership Academy.

Signature of Applicant:	Date:
Signature of Parent / Guardian:	Date:



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LIABILITY WAIVER & RELEASE FORM

By signing this release form, I (the student and parent/guardian) assume all risks related to the use of all spaces used by Rose's Leadership Academy. I agree to release and hold harmless Rose's Leadership Academy including its instructors, staff members, and facilities used from any cause of action, claims, or demands now and in the future. I will not hold Rose's Leadership Academy liable for any personal injury or any personal property damage, which may occur on the premises before, during, or after classes. Furthermore, I agree to obey the class and facility rules and take full responsibility for my behavior in addition to any damage I may cause to the facilities utilized by Rose's Leadership Academy.

I authorize Rose's Leadership Academy or its assignees to record or photograph my image and/or voice, for promotional purposes and hereby convey all rights in such recordings, photos, videos, or other media to Rose's Leadership Academy or its assignee. I also recognize that these audio, video, and image recordings are the property of Rose's Leadership Academy. I further release Rose's Leadership Academy from any and all claims for damages for libel, slander, invasion of the right of privacy, or any other claims based on, arising out of, or connected with the use of such photographs, videos, or audio recordings.

In the event that I should observe any unsafe conduct or conditions before, during, or after my classes, I agree to report the unsafe conduct or conditions to the instructor, or staff member as soon as possible.

Guardian's Signature _____ Date _____

Printed Name of Guardian _____

Student's Signature _____ Date _____

Printed Name of Student(s) _____