



Inner Strength Foundation

For Internal Use Only

Application Received _____

Date of School Site Visit _____

Received School Calendar _____

Application Approved _____

Application Denied _____

Comments _____

Inner Strength Teen Program

APPLICATION FORM

Please email the completed and signed form to amy@amyedelstein.com or mail to: Inner Strength Foundation, 230 Stampers Street, Philadelphia, PA 19147.

The Inner Strength Teen Program is a 12-week program for High School students. The program requires one period (40-60 min) per week with the same students for 12 consecutive weeks. Adjustments can be made should an exam, holiday, or class trip fall on one of those periods.

Name of School _____

Preferred Day(s) and Time(s) of Week. If you would like to run two programs in back-to-back sessions, please note the grade/class/supervising teacher for each program.

Days: (Please Circle):

Monday

Tuesday

Wednesday

Thursday

Friday

Time(s) (Please list):

Age Group: Grades 11 _____ Grade 12 _____ Other _____

Supervising teacher(s): _____

School's Physical Address: _____

Postal Address: _____

Phone Number of School: _____

School Contact

Main Contact Name: _____

Title: _____

Work Phone _____ **Mobile Phone** _____

Email address _____

Teacher's Name _____

Daytime Phone _____ **Mobile Phone** _____

Email Address _____

____ Attached is a copy of my school's 2015-2016 school calendar.

As part of the application process, a representative of the Inner Strength Foundation will visit your school to meet the supervising teacher and view the space.

Contact name to arrange visit: _____

School Principal

Signature _____

Date _____

Print Name _____