



Thank you for joining the **LADI ICON** family! LADI Icon is an amazing collage of programs designed to foster an environment of exploration, passion and growth through the implementation of intensive training, allotting an equally meaningful experience for young women, (who are deemed to be future influencers) from average ability to exceptional talent, drive and nerve, providing them with marketable skills along with pride and confidence and serve as a positive alternative.

LADI ICON academy is a year round program that services young ladies ages 5-15 years old.

SCHOLARSHIP APPLICATION PROCESS

Please read the following carefully. To apply please complete the application, registration and fee. Future Icon must be enrolled to be considered.

ITEMS NEEDED TO COMPLETE YOUR SCHOLARSHIP APPLICATION

- Completed Application
- Completed Registration and Payment
- Completed Essay
- A copy of Icon's birth certificate.
- A copy of Icon's most recent report card
- Creative Instagram Reel

ALL PAYMENTS MUST BE MADE ONLINE OR BY MONEY ORDER

Money Orders should be made out to: "LADIDeclare"

PAYMENT PLAN/OPTIONS

Cost varies depending on payment plan option.

REGISTRATION

Registration Cost: \$225.00 (Non-refundable)

Registration reserves Future Icon's spot and kit.

INTERVIEW

Each Future Icon will be scheduled for an interview. This will serve as an opportunity for both LADI Icon aCreative Team and Future Icon to learn basic information and determine level of competency. Please note, no prior experience is needed, but this is to allow every Future Icon to reach their fullest potential.



BASIC INFORMATION

Name of Future Icon: _____ Date of Birth: _____ Age: _____

Name you prefer to be called (if different): _____

Name of School: _____ Grade: _____

T-Shirt Size (circle one): Adult: SM MED LG XL XXL XXXL

Name of Parent/Guardian/Primary Contact: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: _____ Work Phone: _____ Other: _____

Email address you check frequently: _____

Best way to contact you? (circle one) Cell Phone Email

What is the race/ethnicity of you/your artist?* _____

*Knowing the demographic makeup of our artist/community can assist in grant writing, intentional outreach, and more -- please respond only if you feel comfortable.

EMERGENCY CONTACTS (please provide two additional people, different from the parent/guardian listed above, who would automatically be the first person we contact.)

First Contact's Name: _____ Relationship: _____

Cell Phone: _____ Work Phone: _____ Other: _____

Second Contact's Name: _____ Relationship: _____

Cell Phone: _____ Work Phone: _____ Other: _____

MEDICAL RELEASE INFORMATION

Insurance Information

Policy Number _____ Name of Health Insurance Provider _____

Primary Physician _____

Address _____

Phone _____ Hospital Preference _____



Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).

Medical Problem	Required treatment	Should paramedic be called?
_____	_____	Yes/No
_____	_____	Yes/No
_____	_____	Yes/No

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?

Yes__ No__ If yes, explain: _____

Is your child allergic to any type of food or medication?

Yes__ No__ If yes, explain: _____

Does your child require a special diet?

Yes__ No__ If yes, explain: _____

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

Does your Future Icon have any medical conditions, allergies, or special needs the staff should know about? (Example: foods, latex)

Does your Future Icon have any behavioral or emotional issues the staff should know about?

Is your Future Icon taking any medications to treat these conditions? If so which kind?



PHOTO RELEASE

I hereby give permission for my child to be photographed while participating in LADIDeclare/LADI Icon Program I understand the photos will be used to keep a journal of activities, to share during presentations and/or reports to our donors and for promotional purposes including flyers, brochures, newspaper and on the internet. I understand that although my child's photograph may be used for advertising, their identity will not be disclosed, I do not expect compensation and that all photos are the property of LADIDeclare/LADI Icon and its affiliates.

Future Icon's Initials _____ Parent's/Guardian's Initials _____

TRANSPORTATION RELEASE

I hereby give permission for the transportation of my child for official LADIDeclare/LADI Icon activities by modes of transportation agreed to by LADI Icon.

Future Icon's Initials _____ Parent's/Guardian's Initials _____

X _____
Future Icon's Signature _____ Date _____

Printed Name of Future Icon: _____

X _____
Parent/Guardian's Signature _____ Date _____

Printed Name of Parent/Guardian: _____



Program selection _____

Icon's Name: _____

LAST

FIRST

FILE CHECK LIST

- Completed Application
- Completed Registration and First Payment
- Signed Payment Commitment
- Signed Handbook
- Signed Commitment
- A copy of Icon's birth certificate.
- A copy of Icon's most recent report card
- A photo of Icon

NOTES:



CONTACT INFORMATION

610.590.5382

LADIICONACADEMY@GMAIL.COM

DRESS CODE

1. Icons are expected to be in appropriate, clean uniforms for class.
2. Uniforms consist of a black top (t-shirt or sweatshirt) black bottoms (tights, jeggings or sweat pants) and black shoes (sneakers or crocs.)
3. Icons must wear assigned smock at all times.
4. Icons must wear sneakers at all times.
5. There is NO jewelry allowed during classes.
6. HAIR should be pulled up and out of the face at all times.



YOUR ASSIGNMENT

1. Create a Mood Board that explains who you are.
2. Come prepared for your first interview.

