



FASHION & TEXTILE DESIGN
ENTREPRENEURSHIP ACADEMY

Greetings, we would like to take a moment of your time to introduce ourselves to you.

SiNGA *ya maisha* means the “thread of life” in the Lingala language of the Congo. SiNGA’s mission is to empower program participants to be competitive entrepreneurs to open and run their own businesses, using the fashion industry as the vehicle.

SiNGA, Inc., exposes youth to the technical skills, work environment, and professional opportunities of the fashion industry. Our programs are open to youth 16-24. SiNGA is designed to provide youth with an opportunity to learn about the career paths of fashion industry professionals and how to design and construct garments. Participants will enhance their entrepreneurial, math, and financial skills by engaging in real life business scenarios, such as product development and trade, retail activities, business plan development, marketing, event planning, and sales. Resume writing and mock job searches and interviews are also included in the program. SiNGA’s vision is to create a state-of-the-art facility with a fashion incubator that supports and services entrepreneurs in the District of Columbia. This in turn will enhance economic development, alternative education, and global marketing.

SiNGA is expanding to include a day time program after working as a host agency with the Department of Employment Services (DOES) Passport-to-Work Summer Youth Employment Program for six years. All of SiNGA’s programs start with an application. If you are interested in learning more about our programs give us a call or send us an email. If you are interested in pursuing a career in the fashion industry or participating, complete the attached application and consent form (minors under the age of 18 must have their parent or guardian to sign the consent form) and mail or deliver it to: SiNGA, Inc.,
c/o Program Registrar, 608 Rhode Island Avenue, NE, Washington, DC 20002.

SiNGA has a limited enrollment; therefore, an application is advisable. SiNGA’s Admission Office considers many factors when selecting students. Qualified applicants will be scheduled for an interview. We encourage you to bring to your interview any letters of recommendation and teacher evaluation (if available) and any examples of your creative ability. Applications are reviewed in the order in which they are received. Once all requirements are met, you will be notified regarding your acceptance.

Call or email SiNGA, Inc., with any questions regarding our programs.

608 Rhode Island Avenue, NE • Washington, DC 20002
Tel: (202) 526-6940 • Fax (202) 526-6942
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ENROLLMENT APPLICATION

Applicant's Name: _____ Male: ___ Female: ___ Date of Birth: _____ Age: ___

Parent/Guardian: _____

Address: _____ Apt#: _____ Zip: _____

Day Phone: _____ Evening Phone: _____ Cell Phone: _____

In Case of Emergency Contact: _____ Phone: _____ Email: _____

Social Security #: _____ Last School Attended and year: _____

Ward (circle one): 1 2 3 4 5 6 7 8

Mark the box beside the program in which you wish to enroll:

- Summer Youth Employment Program** **Community Service / Internship**
- Workforce Development Program**

Please answer the following questions. You will be invited for an interview based on your answers.

1. What do you think you can contribute to SiNGA?

2. Complete this sentence. Fashion is...

3. We've interviewed a number of highly qualified applicants. What sets you apart from the others?

4. If you had a choice of all the designers in the world to work with, who would it be? Why?

5. What do you wish to learn and/or gain while working at SiNGA?

6. What things make for a good team member?

AUTHORIZATION

By our signatures below we confirm that all information included in this application is accurate and complete. We understand that SiNGA will competitively review all applications for the _____ Program and that all decisions will be made after the personal interviews.

Applicants Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____



CONSENT AND RELEASE FORM

I, **Applicant's Name:** _____ **Age:** _____, certify that I have read the SiNGA Participant Handbook, that explains the rules and regulations of SiNGA and that I understand what is expected of me – which includes, but is not limited to the agreement that if I do not use SiNGA's materials, I have an option to share 10% of my profits from SiNGA's Market Day with SiNGA as a "love offering" to replenish supplies for the students who come after me. I also understand that if I use SiNGA's materials to make my garments / crafts that SiNGA is entitled to a 60/40 split, with 60% of the money made to be awarded to me and 40% to go to SiNGA to replenish the supplies used. I understand that SiNGA is an at-will program and that if I violate the rules I will be subject to immediate dismissal.

I/the parent or guardian certify that I have read the SiNGA Participant Handbook that explains the rules and regulations of SiNGA and that I understand what is expected of my dependent, which includes, but is not limited to the option that if my dependent uses all of his/her own materials, 10% of my dependents profits from SiNGA's Market Day are to be shared with SiNGA as a "love offering" to replenish supplies for the students who come after him/her and the agreement that if my dependent uses SiNGA's materials to make their garments / crafts for Market Day that SiNGA is entitled to a 60/40 split, with 60% of the money made to be awarded to him/her and 40% to go to SiNGA to replenish the supplies used. I understand that SiNGA is an at-will program and that if my dependent violates the rules, (he/she) will be subject to immediate dismissal.

I/the parent or guardian of the minor applicant whose name appears above, give my permission to his/her participation in scheduled field trips, an extension of SiNGA's educational program during this period: _____. I understand that my dependent will be chaperoned during this activity. All persons making the field trip(s) are deemed to have waived all claims against SiNGA, Inc., its partners and its employees. SiNGA assumes no liability for injury or damages arising from participation in the program occurring during or by reason of the field trip.

I further understand that I/the parent or guardian of the minor applicant whose name appears above assumes all risks associated with participation in the program. Should it be necessary for my dependent to have emergency medical treatment while participating in a field trip, I hereby give SiNGA, Inc. permission to use their judgment in obtaining medical services, and I give permission to the physician select to render medical treatment deemed necessary and appropriate by the physician. I understand that SiNGA has no insurance covering such medical or hospital costs incurred and, therefore, any cost incurred for such treatment shall be my sole responsibility. SiNGA assumes no responsibility associated with medical cost.

- I am covered by accidental/medical insurance
- My child is covered by accident/medical insurance
- My child is not covered by accident/medical insurance

If the field trip is outside of the metropolitan area, all adults participating in the field trip and all parents or guardians of participants taking the field trip are required to sign this statement waiving such claims.

Emergency Contact Information:

Name: _____ Relationship: _____

Phone No. (cell): _____ Phone No. (work): _____

Phone No. (home): _____

PARTICIPANT OR PARENT/GUARDIAN Signature: _____ **Date:** _____

I understand that SiNGA and its partners will take photos to document these activities. I consent to SiNGA and its partners taking photos of me/the minor applicant and understand that SiNGA and its partners may review these photos and determine that they will be placed in print, video or online publications. I hereby consent to SiNGA and its partners using my/the minor applicant's photograph for promotional purposes and release SiNGA, its partners and all persons involved with producing these publications from any and all liability that may or could arise there from.

PARTICIPANT OR PARENT/GUARDIAN Signature: _____ Date: _____

SiNGA reserves the right to expel/terminate participants for bad behavior or repeated problems. Neither the instructor nor the site staff is responsible for participants prior to or after the scheduled program activities.

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