



Wichita

Sweetheart Program

2019 Application

DUE: May 11, 2018 for early program admission

First: _____ Middle: _____ Last: _____

Date of Birth: _____ School Attending: _____

Siblings and Ages: _____

For the following questions, you may attach additional sheets if needed.

What do you hope to gain from your experience as a SWEETHEART?

How do you currently exhibit a heart-healthy attitude?

What are your other activities or special interests?

Lists three adjectives that your friends would use to describe you:

Do you have a demonstrated responsibility toward keeping commitments? Please explain.

Has anyone in your family suffered from heart disease or stroke? If so, please explain.

For the following questions, you may attach additional sheets if needed.

Do you have volunteer experience? If so, please give examples.

How did you hear about the Sweetheart Program? _____

T-Shirt Size (all adult sizes): ♥ Small ♥ Medium ♥ Large ♥ X-Large

All Sweethearts will receive an "official" t-shirt!

Applicant Phone: _____ Applicant Email: _____

Signed: _____ Date: _____

Additional Information: (Please select primary parental contact)

Mother's Name: Ms. Mrs. Dr. _____

– Primary Contact

Company/Employer: _____

Home Address: _____ City _____ Zip _____

Email: _____

Home Phone: _____ Business Phone: _____ Cell: _____

**If parents are separated please include step parent contact info: _____

Father's Name: Mr. Dr. _____

– Primary Contact

Company/Employer: _____

Home Address: _____ City _____ Zip _____

Email: _____

Home Phone: _____ Business Phone: _____ Cell: _____

**If parents are separated please include step parent contact info: _____

**Billing address: Mother's ___ or Father's ___ (if different)

Parent Signature(s): _____ Date: _____

_____ Date: _____

Sweetheart Payment Options

SWEETHEART FEE INCLUDES:

- ♡ Seating for three at the Heart Ball on February 2, 2019 (intended for use by mom, dad and Sweetheart)
- ♡ Activities and training throughout the year
- ♡ Official SWEETHEART T-Shirt
- ♡ Gown for presentation at the Heart Ball

Option 1

I prefer to fulfill the total SWEETHEART financial obligation at this time

Total: \$2,500 enclosed (\$500 is non-refundable*)

___ **By Check** (made out to the American Heart Association)

___ **By Credit Card** (fill out credit card information below)

Option 2

I prefer to pay SWEETHEART fees in four payments:

___ **By Check** (made out the American Heart Association)

If paying by check, you will be invoiced a month prior to the highlighted dates below.

___ **By Credit Card** (fill out credit card information below)

If paying by credit card, we will charge your card on the highlighted dates below unless otherwise noted.

1. \$625.....enclosed with the application,
2. \$625.....July 13, 2018
3. \$625.....September 14, 2018
4. \$625.....November 9, 2018

Option 3

I prefer to apply for the need based scholarship, enclosed is my \$500 deposit (deposit will be returned if not selected)

CREDIT CARD INFORMATION (Option 1 or Option 2)

Credit Card (circle one) MasterCard VISA AMEX Discover

Credit Card number: _____ CVC (3digits): _____

Expiration: _____

Name as it appears on the card (please print) _____

Signature: _____

**The non-refundable \$625 fee only applies to those accepted in the Sweetheart program. The tax deductibility of the total Sweetheart fee is equal to the total amount minus the goods received.*

Mail this form, required documents, and appropriate payment to:

**American Heart Association, Attn: Sweetheart Program, 1861 N Rock Rd. Ste. 380, Wichita, KS 67206
(Internal AHA Use)**

Required Documents Checklist:

- ___ Completed Application
- ___ Signed Sweetheart Code & Mission Agreement
- ___ Two letters of reference from people outside your family
- ___ Required payment- \$625 deposit or complete payment
- ___ **If not paid in full**, the completed Sponsor Agreement Form

2019 Heart Ball Sweetheart Code & Mission Statement

Sweethearts will focus on all areas of the American Heart Association through volunteering, advocacy, heart-healthy lifestyles, and discovering how they can individually fight heart disease and stroke. Our goal is to empower these young ladies to make a positive change within their peer groups and in the community by embracing the mission of the American Heart Association.

- ♥ The American Heart Association stands for good personal health decisions and is against the use of tobacco products by minors. Sweethearts are expected to be free of tobacco when representing the American Heart Association at all functions of the Sweetheart Program. Also prohibited is the use, sale, or possession of any illegal drugs.
- ♥ The 2019 Heart Ball will provide alcohol to guests who are at or above the legal drinking age, 21 years. It is my responsibility as a Sweetheart and representative of my school, family, and any sponsor to abide by the law and not consume any alcoholic beverages before, during, or after the Wichita Heart Ball. It is also my responsibility to abide by this code and law for any Sweetheart activity.

Any Sweetheart in violation of any of the above statements will be automatically removed from the Sweetheart Program without a refund of the monies paid to the American Heart Association.

- ♥ If chosen to become a Sweetheart, I pledge to attend 6 of the 12 Sweetheart activities and complete a minimum of 15 hours of Sweetheart Community Service Events.

I grant permission to the American Heart Association to use any photographs, motions pictures, recordings, or any other record of Sweetheart events.

I agree for myself, my heirs, my executors and administrators, to not sue and to release, indemnity and hold harmless, the American Heart Association, Inc., its affiliates, officers, directors, volunteers and employees, and all sponsoring businesses and organizations and their agents and employees, from any and all liability, claims, demands, and causes of action whatsoever, arising out of my participation in this event and related activities – whether it result from the negligence of any of the above or from any other cause.

This release and the indemnification agreement shall be as broad and inclusive as permitted by the state or province in which the event is conducted. If any portion of it is held invalid, the balance shall continue in full force and effect.

I have read, understand and agree to the terms of this Agreement.

Participant's Signature

Printed Name

Date

I am the legal guardian of Participant, and I hereby consent to her participation. I have read the foregoing release and indemnification agreement, and I hereby agree on behalf of Participant and myself to its terms.

Parent/Guardian's Signature

Printed Name

Date

2019 Sweetheart Contact Information Form

The best way to reach our sweetheart is:

Email: _____

Home Phone: _____

Cell Phone: _____

Contact my mom: _____

Contact my dad: _____

Contact my guardian: _____

The American Heart Association is allowed to release information about my program participation to the following individuals (please list parents, guardians, and or care givers): _____

In case of emergency please notify:

Contact 1: Name _____ Phone number: _____

Address: _____

Contact 2: Name _____ Phone number: _____

Address: _____

Contact 3: Name _____ Phone number: _____

Address: _____