

A photograph of the Chicago skyline, featuring the Willis Tower as the central focus. The foreground shows a park with green trees and a body of water. The image is overlaid with a semi-transparent white triangle on the left and purple geometric shapes at the bottom and right corners.

MISELF PROGRAM

MGM Foundation

www.mgmfoundation.org

MISSION

To provide opportunities and education for young moms to live healthier lifestyles

VISION

Young moms will develop and utilize life skills allowing for self-reliance, self-confidence, and personal power for lifelong success.

ABOUT US

MgM Foundation was founded in 2015. Understanding the challenges of being a young mom, having the vision of becoming a known resource in the community when a mom need something is also a global goal.

Marion was a mom at the age of 16 and has not let that stop her from achieving the goals she has and will accomplish. She has been married, has a masters degree, obtained homeownership, three children who are productive people who have college degrees as well. Has worked in corporate America, and owns her own nonprofit. Models and encourages all women to believe in and love themselves. She also has a granddaughter she adores.

Our goal at the MGM Foundation is to enhance the lives of young moms by empowering them as they transition to adulthood while navigating motherhood.

INTRODUCTION

In Chicago, as in too many communities around the world, young people of color and young people from distressed neighborhoods are being shut out of opportunity, especially young moms from underserved populations. Young moms are at risk of not finishing their education, nor finding lucrative employment while depending on low income state resources.

ABOUT MISELF

MISELF is a 6-week program that empowers underserved young moms age 13-21 with tools and resources to create sustainability for their families while navigating motherhood. Through a series of workshops and inspirational awareness, young moms will be assisted with making positive life choices in meeting their personal, professional, and educational needs; promoting community responsibility, and achieving personal and professional goals through mentoring support, real-life experiences, and educational support.

ELIGIBILITY & REQUIREMENTS

To be eligible for the MISELF program, you must:

- Must be at least 13 years of age with parental or legal guardian consent
- Be at least 18 years of age without parental consent
- Must complete the MISELF program application
- Must complete minimum of 12 hours of community service by end of program
- Must identify (1) goal to complete by program's end
- Must provide an essay of at least 500 words describing your life experience and at least one goal you have accomplished in life prior to this program.
- Must come with an open mind

WORKSHOP OUTLINE

INTRODUCTION

In this workshop, young moms will:

- Familiarize with program and requirements
- Establish personal program goal

Motivation

In this workshop, young moms will:

- Discover the significance of personal self-development
- Understand the significance of interpersonal relationship skills
- Know how to practice the dynamic of self-coaching for excellence
- Motivate yourself and others

INSPIRATION

In this workshop, young moms will:

- Learn affirmations that will support your self confidence
- Leverage breath work techniques when you most need to regain self respect
- Conquer fear of failure by eliminating negative self talk
- Exude a calm presence by being comfortable in your own skin

WORKSHOP OUTLINE

CREATIVITY

In this workshop, young moms will:

- Explore artistic talents through a variety of mediums

ASPIRATION

In this workshop, young moms will:

- Meet women from various occupational backgrounds to create interest in specific job industries
- Receive on the job training through hands-on opportunities

CELEBRATION

In this workshop, young moms will:

- Celebrate self-accomplishments throughout the program

Section 1.
PARTICIPANT INFORMATION

Please provide information on the individual participating in the program.

Participant Name (First, Middle, Last)	Gender <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> M F LBGTQ+ NB	Date of Birth <small>MM/DD/YYYY</small> / /	Social Security No. <small>XXX-XX-XXXX</small> - -
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Address (including apt #)

City	State	Zip Code
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Phone Number	Alt. Phone Number	E-mail
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Demographics (For Statistical Use Only)

Origin/Ethnicity

<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black/African American
<input type="checkbox"/> White/NonLatino/Caucasian	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Native Hawaiian/Pacific Islander
<input type="checkbox"/> Other _____		

Are you under the age of 18? Yes No If yes, please complete the guardian consent form below.

Section 2.
GUARDIAN INFORMATION

Please provide information on the parent or guardian of the participant under 18 years of age.

Guardian Name (First, Middle, Last)	Gender <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> M F LBGTQ+ NB	Date of Birth <small>MM/DD/YYYY</small> / /	Social Security No. <small>XXX-XX-XXXX</small> - -
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Address (including apt #)

City	State	Zip Code
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Phone Number	Alt. Phone Number	E-mail
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Demographics (For Statistical Use Only)

Origin/Ethnicity

<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black/African American
<input type="checkbox"/> White/NonLatino/Caucasian	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Native Hawaiian/Pacific Islander
<input type="checkbox"/> Other _____		

Section 10.
ACKNOWLEDGEMENT OF
UNDERSTANDING

Please read this section carefully. The person signing this application must be at least 18 years of age.

I hereby acknowledge and understand the MISELP program terms and conditions and swear all information provided in this application true.

X _____

Signature of Legal Guardian/Participant over 18 yrs.

Date

Section 11.
FOR OFFICE USE
ONLY

This section is for official MGM Foundation personnel only. Please do not write in the space below.

Please check the applicable box:

APPROVED

DENIED

Notes:

X _____

Signature of MGM Foundation

Date