



YOUTH APPLICATION

Full legal name: _____
Last First Middle

Age: _____ Birth Date: _____

Physical home address: _____
Number Street City State Zip

Phone: _____

How long have you lived there? _____

Is English a second language: Yes _____ No _____

If "yes", preferred written language used: _____

If "yes", preferred spoken language used: _____

Is there a preferred religious affiliation for this child: Yes _____ No _____

If "yes" please state preference: _____

School: _____ Grade: _____

Teacher: _____

How is the child doing in school: Above average _____ Average _____ Fair _____ Poor _____

Has the child participated in other mentor programs: Yes _____ No _____

If "yes", list name and location of the Program and the dates of participation:
