



My 180 Youth Program, Inc.
 3407 S. Jefferson Ave. St. Louis, Mo. 63118
 Phone: (314) 635-8039
Submit completed application to rjefferson@my180yp.org

Youth Application

Application Received: _____ Asmt. Date: _____
 Application Reviewed: _____ Other: _____

Youth Personal Information

Last Name		First Name		Middle Name		Social Security Number:	
Street Address			City	State	Zip	Child's Phone:	
School:		School District:			Grade:	Sex:	DOB:
How did you hear about this organization?							
Parent or Guardian (1):				Parent or Guardian (2):			
Relation to Child				Relation to Child			
Street Address:				Street Address:			
Home Phone:		Cell Phone:		Home Phone:		Cell Phone:	
Emergency Contact (1):			Emergency Contact (2):			Relation to Child	
Relation to Child			Relation to Child				
Home Phone:		Cell Phone:		Home Phone:		Cell Phone:	

Application Questions

- How could your child benefit from participating in My 180 Youth Program, Inc.?

- Will your child need transportation to and from scheduled activities?

- Is your child available to meet with a mentor a minimum of one hour per week? Yes No
 Please explain any particular scheduling issues that you may have:

- Can you provide any additional information that may be helpful in assisting your child?

Parent / Guardian Signature: _____

Date: _____

Printed Name: _____