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Young Men of Destiny Mentoring Program

Application

Name _____

Address _____

Phone _____

Email _____

Age _____ Birthdate _____ Grade _____

School _____

Parent/Guardian Name _____

Parent/Guardian Phone Number _____

Parent/Guardian Email _____

Interests/extracurricular activities _____

Please answer the following:

Why should this young man be considered for the Young Men of Destiny Mentoring Program?

Please submit a letter of recommendation from a non-family member (i.e., pastor, coach, teacher, guidance counselor, etc.)