

INTERFAITH YOUTH INITIATIVE APPLICATION FORM

A Program of COOPERATIVE METROPOLITAN MINISTRIES

Please direct questions and completed applications to
Alex Kern, IFYI, Cooperative Metropolitan Ministries,
474 Centre Street, Newton, MA 02458;
(617) 244-3650; IFYI@coopmet.org; www.coopmet.org.

(PLEASE TYPE OR PRINT IN DARK INK)

Personal Information

Name _____
Last first middle preferred

Address _____

Telephone _____

E-mail _____

Date of birth _____ Gender _____

Anticipated date of high school graduation (month and year) _____

Name of parent(s) or legal guardian(s) _____

From what part(s) of the world do you trace your predominant ethnic heritage?

What are some of your favorite activities or areas of interest? Have you been involved in leadership, peace-building, or service experiences? (Feel free to use an additional sheet of paper.)

Religious Involvement

Religious affiliation _____

Name of religious community (if applicable) _____

Mailing address _____

Name of contact person, title, phone number, email

How does this person know you? _____

Reflections

In a few substantive paragraphs, please tell us about yourself. Please be sure to address all the areas mentioned below. There are no right or wrong answers. Write in the manner that best helps you communicate your thoughts.

What significant moments or people in your life have influenced who you are today?
What are some goals you have for the near and more distant future?
What are your interests in faith, peacemaking, leadership, etc?
What do you hope to gain from attending the Interfaith Youth Initiative?

How did you hear about IFYI?

Pastor/Rabbi/Imam, etc. Religious Education Director Youth Advisor
 Other (Please specify) _____
Name and contact information, if available:

If accepted, I am requesting (check all that apply):
Halal food Kosher food Vegetarian food Other: _____

Letter Or Email of Recommendation/Nomination

At least one letter or email is required. Choose someone who knows you well and who is not a member of your family (for example, a teacher, mentor, religious leader or coach). Please write the name, address, and phone number or email address of the person who will complete your recommendation. Ask the person to write to us at the address above or email us at ifyi@coopmet.org.

Name _____
Position and Organization _____
Phone number _____
Address _____
Email address _____

Agreement

I certify that all of the above information is true and complete to the best of my knowledge. I understand that I must fall between the ages of 15 and 18 during the summer of IFYI. If accepted I agree to participate in the full program and to abide by the rules and regulations of the Interfaith Youth Initiative.

Signature of Applicant _____
Date _____

This is to certify that I give permission for my daughter/son to attend the Interfaith Youth Initiative.

Signature of Parent or Guardian _____
Date _____