



**Manhattan Multicultural Counseling
Winter Youth Program 2012**

346 East 65th Street; New York, NY 10065
(646) 420-6633
www.MMCNYC.com

Application for the 10th Annual Youth Assembly

Name: _____ Gender: M / F Date of Birth: ___/___/___

School: _____ Grade Level: _____ Major: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (____) ____ - ____ Cell Phone: (____) ____ - ____

E-mail: _____

(Optional) **Ethnicity:** _____ (Optional) **Religion:** _____

Please answer the following questions regarding your interest and experience in presentation.

1. Why are you interested in attending the Youth Assembly?

2. Do you have any prior experience with programs related to the United Nations or the Millennium Development Goals?

Please e-mail the completed application by January 12, 2012-- to APPLY@MMCNYC.COM