

MISSOURI YMCA YOUTH IN GOVERNMENT

2006 YOUTH ADVOCACY DAY APPLICATION

STUDENT INFORMATION				
First:	MI:	Last:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Street:		City:	State:	Zip:
Home Phone: () -		Cell: () -	Email:	

DELEGATION & SCHOOL INFORMATION	
Delegation:	School:
Graduation Year:	

YIG EXPERIENCE	
Total years in YIG, including this year:	<input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th <input type="checkbox"/> 5 th

CAREER ASPIRATIONS
Please describe why you would like to participate in Youth Advocacy Day, including what you hope to gain by participating in this program. (Please use additional sheets of paper if necessary.)

Please return this application to:
Ken Hussey, MOYIG State Director
Email: khussey@jcymca.org
Fax: (573) 635-0215

Application Deadline: March 20, 2006