Community Youth Leadership Advisory Board
www.njcylab.org
APPLICATION

_____ _____ _____
Last First Middle

_____ _____ _____ _____
Street address City State ZIP

_____ _____
What neighborhood do you live in? How long have you lived there?

_____ _____ _____
High School Grade Graduation year

Please answer the following questions YES or NO:

	Yes	No	Not sure
Are you available to attend program September – December three days a week 5-7:30pm?	☐	☐	☐
Do you have reliable transportation to get the site?	☐	☐	☐
Have you read the details about the CYLAB and how it is connected with youth court?	☐	☐	☐

_____ _____
Youth applicant name Youth applicant signature

_____ _____
Parent/ Guardian Print name Parent Guardian Signature

_____
Parent phone number