

INTERFAITH YOUTH INITIATIVE (IFYI) COLLEGE TRACK 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 college graduation (month and year) _____

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.)

Have you attended IFYI in the past? If so, please specify which years you participated in IFYI as a high school or college student. _____

Religious Involvement

Religious or spiritual affiliation _____

Name of religious community (if applicable) _____

Mailing address of religious community _____

Name of contact person (at religious community), 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 spirituality, peacemaking, leadership, etc?

What do you hope to gain from being a part of an interfaith experience at IFYI? What do you see as the challenges and opportunities of interfaith relations?

How did you hear about IFYI?

___ Pastor/Rabbi/Imam, etc. ___ Religious Education Director ___ College Chaplain
___ 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: _____

Recommendation/Nomination

Choose someone who knows you well and who is not a member of your family (for example, a teacher, mentor, religious leader, chaplain, etc). Please write the name, address, phone number, and email address of this person whom we can contact for your recommendation. We will be in contact with that person, so they do not need to write a letter of recommendation for you.

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. 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 _____