Student name/Signature	**Date**
Parents/Guardian Signature	**Date**

100 Black Men of Metro St. Louis
4631 Delmar Ave
St. Louis, Mo. 63108
(314) 367-7778 office (314) 367-7771 fax
administrative@100bmstl.org
www.100bmstl.org

Office Use: Review by _____ Date _____
Second Review _____ Date _____
Comment _____
_____
GPA _____ Approval _____ 2nd _____ 3rd _____ Date _____

100 Black Men of Metropolitan St. Louis
Application for Computer Literacy and Entrepreneur Program

Name:		
Address:		
City	State	Zip
Phone Number:		Alt. Number
School:		
Grade:		Age:
Mentor's Name:		
College Major:		
2 Colleges Applying for:		
Why would you like to be a part of The 100 Black Men Computer Literacy Training Class?		

Office Use: Review by _____ Date _____
Second Review _____ Date _____
Comment _____
_____
GPA _____ Approval _____ 2nd _____ 3rd _____ Date _____