

Centro Maria Residence

For young women

539 West 54th St.

New York, NY 10019

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TEL (212)757-6989

E- mail: cenmariany@gmail.com

APPLICATION FORM

LAST NAME _____ FIRST NAME _____

AGE _____ DAY OF BIRTH (M/D/Y) _____

NATIONALITY _____ PASSPORT # _____

MARITAL STATUS _____ RELIGION _____

ACADEMIC DEGREE _____

JOB DESCRIPTION _____

GOALS IN NEW YORK CITY _____

FATHER'S NAME _____ PROFESSION _____

MOTHER'S NAME _____ PROFESSION _____

FAMILY ADDRESS _____

E- MAIL ADDRESS _____ PHONE _____

Reference Letters:

1. Name, occupation, address, phone.

2. Name, occupation, address, phone.

In case of an emergency, please notify:

Single Room _____ Double Room _____ Triple Room _____

Date of arrival: _____ (m/d/y) Date of Departure: _____ (m/d/y)

I _____ hereby agree to obey all the rules and regulations of Centro Maria.

Date _____