



9802 Baymeadows Road, Suite 12 - PMB #186
Jacksonville, FL 32256
www.jaxaaa.org
email: info@jaxaaa.org

2011 MENTORING PROGRAM Student Registration

First Name: _____ Middle Name: _____ Last Name _____

Address: _____
(Street) (City)

_____ (State) (Zip code) (County)

Phone: _____
(Home) (Mobile)

Email: _____

High School Name: _____

Please choose 3 areas that interest you:

Medicine _____ Dentistry _____ Law _____ Business _____

Engineering _____ Computer/Information Technologies _____

Education/Arts (music, dance, drama, etc.) (Please list): _____

Other Health Related Fields (pharmacist, physician assistant, nurse, dental hygienist, etc.)

(Please list): _____

Please mail form to:

Mentoring Program Committee
Jacksonville Asian American Alliance
9802 Baymeadows Road, Suite 12
PMB #186
Jacksonville, FL 32256