

MYAC Application

Mayor's Youth Advisory Council
Contact Phone Number _____
Application Deadline _____

Student's Name: _____
Student's Address: _____
City Student Resides in: _____
Home Phone: _____ Cell Phone: _____
Student's Email Address: _____
School Student Attends: _____ Year in School: _____
Student's GPA: _____
School Principal: _____ School Phone Number: _____
How did you hear about MYAC? _____

What school activities are you involved in? Positions/ Offices?
Awards/Honors? _____

What types of activities or extracurricular programs are you involved in? Positions/
Offices? Awards/Honors? _____

Why do you want to be a member of the MYAC? _____

What qualities do you have that would benefit the MYAC? _____

Why is youth involvement important in the community? _____

What types of community projects/service would you like to be part of? _____

In one paragraph, please explain why you should be selected to be a member of the
MYAC. _____

Submitted by: _____
Signature: _____
Date: _____