



SAVANNAH YOUTH COUNCIL

Savannah Youth Council

2017-2018

Application Form

Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Age: \_\_\_\_ Gender: \_\_\_ M \_\_\_ F Current Grade: \_\_\_\_\_

School: \_\_\_\_\_ GPA: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Student Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Essay Question: Please type and attach essay to separate piece of paper**

Why do you want to become a member of the Savannah Youth Council?

**Extra Questions:**

Do you have any community service, extracurricular activities, service, church, clubs, or scholastic achievements that you wish to mention?

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Do you have any other commitments that might interfere with your attendance at Youth Council

meetings?

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What do you think are the greatest needs of youth today in the Savannah Area?

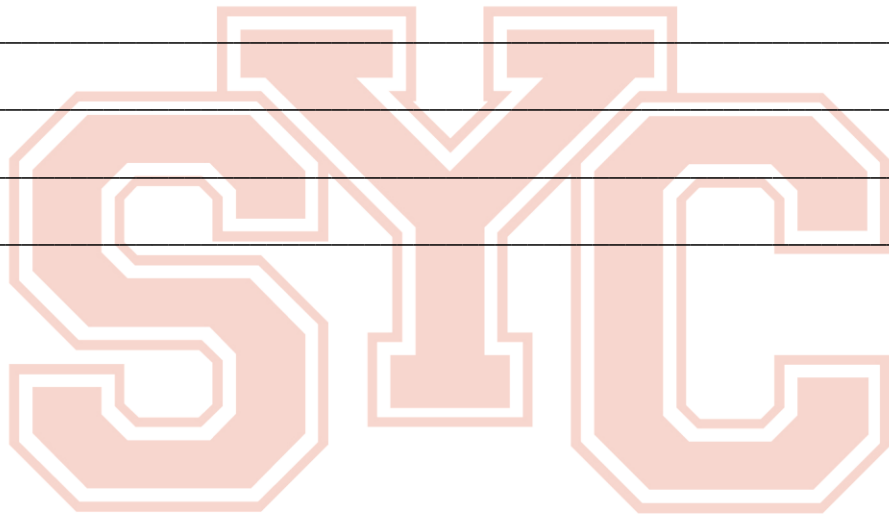
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SAVANNAH YOUTH COUNCIL

Thank you for your application and interest in the Youth Council. You will be notified as soon as possible.

**Parental Consent:** I hereby give my permission for my child, named above, to be considered and to participate in Youth Council activities and events.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_