



SAVANNAH YOUTH COUNCIL

**2010-2011 Application Form**

Savannah Youth Council is open to all rising 8<sup>th</sup> graders in the Savannah and Chatham County area. Please submit completed application to: City of Savannah, Public Information Office ATTN: Carliss Bates P.O. Box 1027 Savannah, Georgia 31402 fax: 651-6408. If you have any questions, please call 651-6410.

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?**

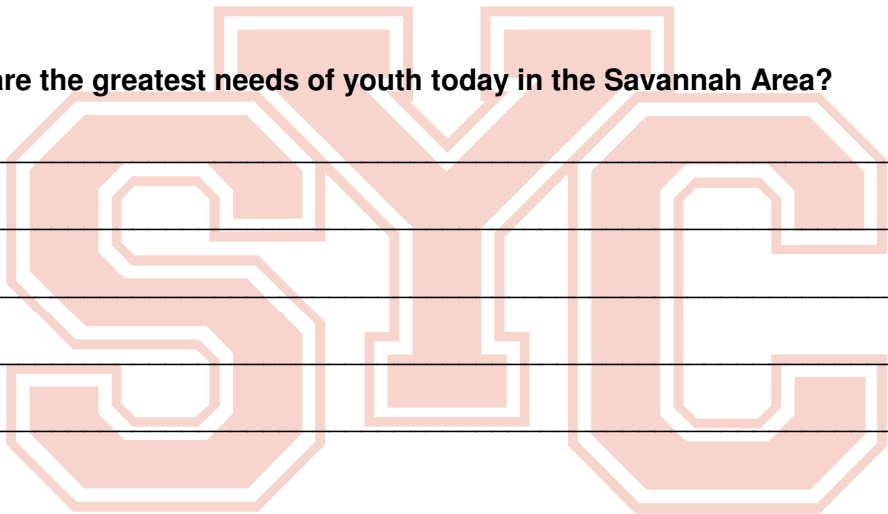
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**SAVANNAH YOUTH COUNCIL**

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

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