



APPLICATION FOR APPOINTMENT TO YOUTH ADVISORY BOARD

STUDENT INFORMATION

NAME: _____
(First) (Middle) (Last)

ADDRESS: _____
(Street) (City) (State) (Zip)

CONTACT INFO: _____
(Phone) (Email)

DATE OF BIRTH: _____ **CURRENT AGE:** _____

SCHOOL: _____

GRADE POINT AVERAGE: _____

PARENT / LEGAL GUARDIAN INFORMATION:

I hereby give permission for my son/daughter to serve on the Sterling Heights Youth Advisory Board.

PARENT / LEGAL GUARDIAN NAME: _____

CONTACT INFO: _____
(Phone) (Email)

PARENT / LEGAL GUARDIAN SIGNATURE: _____

DATE: _____

WHY DO YOU WANT TO BECOME A MEMBER OF THE YOUTH ADVISORY BOARD?

*Please remember to include your latest report card and parental consent form. Letters of reference are optional.

SIGNATURE: _____ **DATE:** _____