



Fairhope Junior City Council

Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Phone: _____ Email: _____

Date of Birth: _____ Grade Level for 2021-2022: _____

School Attending: _____ GPA: _____

Organizations and Activities

Name of Club/Organization/Sport	Year
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____

References

1. _____	_____	_____
<i>Name</i>	<i>Email</i>	<i>Phone #</i>
2. _____	_____	_____
<i>Name</i>	<i>Email</i>	<i>Phone #</i>
3. _____	_____	_____
<i>Name</i>	<i>Email</i>	<i>Phone #</i>

****One Reference must be your school's counselor. A letter of recommendation is also required from your principal or a teacher at the school you attend.**



Fairhope Junior City Council

Use a few phrases or adjectives to describe yourself:

Why do you want to be involved in the Fairhope Junior City Council?

What strengths/skills can you contribute to the Junior City Council?

What do you feel are the biggest issues facing youth in Fairhope at this time?

Print Name: _____

Signature: _____

Guardian Name: _____

Guardian Signature: _____