

# Applicant Questionnaire

Name: \_\_\_\_\_

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

\_\_\_\_\_

Year of Graduation: \_\_\_\_\_

Do you currently live in the City Limits? Yes \_\_\_\_\_ No \_\_\_\_\_

Why do you want to serve on the youth council?

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Have you ever served on any type of Committee? Please describe:

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What Extra-curricular activities are you involved in?

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What are your plans after High School?

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Have you ever been suspended from school for disciplinary reasons (for more than 3 days)? If yes, please explain.

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*Required Signatures*

Student Signature: \_\_\_\_\_

School Counselor: \_\_\_\_\_

Parent: \_\_\_\_\_