



SAVANNAH YOUTH COUNCIL

**Savannah Youth Council**  
**2019-2020**  
**Application Form**

Student First Name: \_\_\_\_\_ Student Last Name: \_\_\_\_\_

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

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

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

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

***Please type and attach essay question responses to a separate piece of paper.***

**Essay Questions:**

Please tell us why you want to become a member of the Savannah Youth Council.

In November of this year Savannah residents will elect a Mayor and City Council. What should be their priority for Savannah's youth?

**Please answer each of the following questions to the best of your ability.**

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

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SYC meets once per month, usually on a Thursday from 4:00pm - 6:00pm. Do you have any commitments that might interfere with your attendance at monthly Savannah Youth Council meetings? Please explain:

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Parent First Name: \_\_\_\_\_ Parent Last Name: \_\_\_\_\_

Contact Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Parent E-mail Address: \_\_\_\_\_

**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: \_\_\_\_\_

Thank you for your application and interest in the Savannah Youth Council. You will receive further information in the coming weeks.