



# APPLICATION FOR APPOINTMENT TO YOUTH ADVISORY BOARD

## STUDENT INFORMATION

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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:

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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?

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

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_