

**Application for Participation in the City of Syracuse Youth Advisory Council
September 2017 – June 2018**

Name: _____

Address: _____

Email: _____

Phone Number: _____

Parent or Guardian Name: _____

Parent or Guardian Address: _____

Parent or Guardian Email: _____

Parent or Guardian Phone Number: _____

Age: _____ **Grade:** _____ **School Attending:** _____

Transportation needed: _____ **YES** _____ **NO**

ANSWER THE FOLLOWING QUESTIONS, (PLEASE LIMIT RESPONSES TO 125 WORDS OR LESS):

How would you describe yourself? (for example, what makes you a well-rounded student?)

**Why do you think you would be a good candidate for the Youth Advisory Council?
What perspective will you bring?**

What school activities or clubs are you involved in?

What activities do you participate in outside of school?

How do you serve and give back to your community?

How do you feel about meeting new people?

Are you native to Syracuse? If not, where are you from?

How did you hear about the Youth Advisory Council?

What makes you a good fit for this program?

In your opinion, what is the most critical issue facing Syracuse's young people?

If you could change one thing about the City of Syracuse what would it be?

Applications can be downloaded online at: <http://www.syr.gov.net/YAC/>

Return completed application to:

Syracuse Common Council Office

233 East Washington Street, Room 314

Syracuse, New York 13202

MUST BE SUBMITTED BY SEPTEMBER 20, 2017