

## **Youth Advisory Council Application 2025**

## **Student Information**

Name:	Date of Birth:	_
Pronouns:	Race/Ethnicity (Optional):	_
Street Address:		_
	Zip Code:	_
Cell Phone Number:	Home Phone Number:	_
Email Address:		_
Name of High School:		
GPA (Weighted):	Graduation Year:	
Grade for School Year 2024	4-2025:	
☐ Freshman		
$\square$ Sophomore		
☐ Junior		
☐ Senior		

## References

1.) Reference #1 (Name, Title, Phone Number):		
Name(s)	of Parent(s) or Legal Guardian(s):	
Phone Nu	umber for Parent(s) or Legal Guardian(s):	
Email Ad	dress for Parent(s) or Legal Guardian(s):	
<ul><li> Th</li><li> Tw</li><li> Sig</li><li> Res</li></ul>	ake sure your completed application packet includes: is completed and signed Application Form to references with titles & phone numbers gned Consent Form sume mpleted 3 short essays	
	neck Congresswoman Jennifer McClellan's website for the latest	
Date:	Signature:	