



CITY OF LAGRANGE, GEORGIA
LAGRANGE YOUTH COUNCIL STUDENT APPLICATION
(2024-2025)

Deadline for submission: Friday, May 3, 2024

In order to be considered, student applicants must meet the following criteria:

- Submittal of this application filled out in its entirety no later than Friday, May 3, 2024. Interviews will be held May 6th – 17th. Youth Council Members will be selected by Monday, May 20th.
- Be presently enrolled in high school. **Applicant will be a junior or a senior in 2024-2025.**
- Attend the **mandatory** orientation session before induction in August 2024.
- **Be academically eligible to participate in school sports and extra curricular activities.**
- Be free of any serious disciplinary infractions within the last six months.
- Be able to think critically and articulate thoughts and ideas.
- Have an interest in learning about government and how it functions.
- Possess potential leadership skills.
- Secure parental or guardian permission and support.
- **Must be a resident of the City of LaGrange, living in the city limits**

Applicant's Name: _____

Street Address: _____

City, State, & Zip Code: _____

Cell Phone Number: _____ Other Number: _____

Email Address: _____

Age: _____ Date of Birth: ____/____/____

School (Present): _____ Grade (present): _____

School (Next school year if different) _____

The adults, listed below as references, should be able to answer questions concerning the applicant's qualifications for a membership position on the LaGrange Youth Council. One adult reference must be from a teacher, counselor, or school administrator. The second adult reference must be from a civic or community leader. Please list references below. References will be contacted by the Youth Advisory Board.

1. Name _____ Relation to applicant: _____

Email Address: _____

2. Name _____ Relation to applicant: _____

Email Address: _____

Please list any extracurricular activities you have been involved in.

Please list any involvement in community service or special projects.

What motivates you to want to become a member of the LaGrange Youth Council?

What programs, activities or issues would you like to see addressed by the LaGrange Youth Council?

How would you contribute to the LaGrange Youth Council?

Based on the commitments you have already made for the upcoming school year, could you dedicate approximately 4-8 hours or more per month to the LaGrange Youth Council?

Yes _____ No _____

Do you foresee any conflicts with the schedule? If so, what?

I, _____, verify that the information that I have included on the application is correct to the best of my knowledge. I am interested in serving my community on the City of LaGrange Youth Council and if selected, I will abide by all of the rules and regulations set forth by the Youth Advisory Board and the LaGrange City Council.

Student Signature: _____ Date: _____

I, _____, the parent or legal guardian of _____, grant permission to my son/daughter to serve on the City of LaGrange Youth Council and grant permission for him/her to participate in all activities of the Youth Council and, if selected, will assist him/her in this endeavor and further grant permission for the release of my child's grades to the LaGrange Youth Advisory Board for review and evaluation.

Parent Signature: _____ Date: _____

After completing the application form, please mail the completed form directly to:

**City of LaGrange
LaGrange Youth Council
200 Ridley Avenue
LaGrange, GA 30240
Attention: Adam Speas, City of LaGrange Creative Director**