**2020-2021 Brandon Mayor’s Youth Council Application**

Thank you for your interest in the Mayor’s Youth Council. Complete and return this application by July 17th, 2020 by hand delivery to Brandon Municipal Complex, 1000 Municipal Dr., or by mail to Mayor Butch Lee, C/O MYC Post Office Box 1539, Brandon, MS 39043.

Each application must be accompanied with ***two letters of recommendation and a nonreturnable application picture.*** **(Letters of recommendation can be emailed to** **ckeyes@brandonms.org****)** The 2020-21 Council will be announced in late July. If you have questions concerning the application, contact Lori Farrar at 601-706-2609 or email lfarrar@brandonms.org. Application due by July 17, 2020.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade Entering: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_

Home#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Shirt Size: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Name) (Cell Phone) (Email Info)

Father: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Name) (Cell Phone) (Email Info)

Have you severed on MYC before? If yes, how many years? \_\_\_\_\_\_\_\_\_\_

I live in ward \_\_\_\_\_\_\_\_\_. My alderman/woman is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you currently holding and doing your best to maintain an accumulative GPA of 3.0? \_\_\_\_\_\_\_\_\_

1. On a separate sheet, please list: a( community and school activities in which you are currently involved, b) why you are interested in being part of Mayor’s Youth Council, and c) what unique skills or talents you would bring to the group.
2. I understand that is an honor to be a part of Mayor’s Youth Council. I agree to conduct myself as a representative of the City of Brandon at all times.
3. I understand that I am required to meet the agreed minimum yearly requirements (currently under revision) to attend the Awards Ceremony and to continue membership in Mayor’s Youth Council.
4. Entering Seniors must have been a member of MYC for at least two prior years to apply.

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Student Signature Date

Parent/Legal Guardian Signature. I give my permission for the above applicant to seek a position on the Mayor’s youth Council and I have read and understand the commitments required for the council.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature Date