2023-2024 Brandon Mayor's Youth Council Application

Thank you for your interest in the Mayor's Youth Council. Please complete and return this application. Completed applications can be hand delivered to Brandon Municipal Complex, 1000 Municipal Dr., or mailed 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 picture. Letters of recommendation and Applications must be turned in together.* The 2023-24 Council will be announced in late July. If you have questions concerning the application, contact Carley Keyes at 601.825.5021 or email ckeyes@brandonms.org. *Application must be submitted by June 30th, 2023.* Any application turned in after the deadline will be automatically declined of membership.

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Name:		Gra	Grade Entering:	
Address: _			Age:	
School:		Cell:		
Student's Email:			Shirt Size:	
Mother:				
(Name)		(Cell Phone)	(Email Info)	
Father:				
(Name)		(Cell Phone)	(Email Info)	
Have you s	served on MYC befo	re? If yes, how many years?		
l live in wa	ord My	alderman/woman is		
Students n	nust maintain a 3.0	GPA. What is your current accumulati	ve GPA?	
1)	Students must be	at least an entering freshman.		
2)	Entering Seniors n	nust have been a member of MYC for	at least one prior year to apply.	
3)	On a separate sheet of paper, please type an essay detailing A.) Why are you interested in			
	being a part of Ma	ayor's Youth Council and B.) If you we	re to create your own service projec	
	for our communit	y, whether in collaboration with anoth	ner organization or not, what would	
	your service proje	ct be and how would you make the ev	vent possible?	
4)	I understand that	is an honor to be a part of Mayor's Yo	uth Council. I agree to always	
	conduct myself as	a representative of the City of Brando	on.	
5)	I understand that	I am required to meet the agreed mir	nimum yearly requirements to	
	attend the Award	s Ceremony and to continue members	ship in Mayor's Youth Council.	
Student Si	gnature		e	
Daront/Log	gal Guardian Signatu	ura. Laiva my normiccian for the above	o applicant to cook a position on the	
		are. I give my permission for the abov		
viayor's Yo	outh Conficil and I h	ave read and understand the commitr	nems required for the council.	

Date

Parent Signature