



**City of Saline Youth Council
2021-2022 Application**

Name _____ Grade in School _____
Address _____ What School do you attend? _____
City _____ State _____ Zip _____
Home Phone _____ Cell Phone _____
Email address _____

Are you a current member of the Saline Youth Council? YES NO

The Youth Council meets once a month from September – May. Can you commit to attending every month?

Why do you want to be a member of the Saline Youth Council?

What do you want to get out of being on the Saline Youth Council?

What clubs, activities, sports, and extracurricular activities do you participate in?

Will these activities prevent you from participating in SYC monthly meetings? YES NO

What activities/events do you want for teens in Saline?

Signed

Date

Return application to Carla Scruggs at cscruggs@cityofsaline.org