



Alpine Youth Council Application 2017-2018

NAME		SCHOOL ATTENDING NEXT YEAR
ADDRESS		
EMAIL		What grade will you be in NEXT YEAR? (Circle One) SOPHOMORE JUNIOR SENIOR
HOME PHONE		CELL
Are you employed? YES NO (Circle One)		How many hours per week on average?
School/Community activities in which you are involved: (if you are on your school's student council for the 2017-2018 school year, carefully consider your application for AYC as both are big time commitments.)		

PARENT(S) NAMES	
PARENT(S) EMAIL	CELL

Do you have any ideas that the council could use next year for improving Alpine and being of service to our community?

1.
2.
3.

AYC is run by parent volunteers. We need parents to help throughout the year with various activities. If your parent is available to help, please put his/her name below.

PARENT'S NAME	PHONE NO.
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STUDENT SIGNATURE _____ PARENT SIGNATURE _____

Please mail or bring this application to Sue Gillespie at 7 S Pfeifferhorn, Alpine, UT 84004 **no later than February 28th**. **Late applications will not be accepted.** Please include your Letter of Recommendation with this application. If you have any questions, contact Sue Gillespie at (801) 735-6655.

FOR AYC OFFICIAL USE ONLY		
Date Received	Notified	Interview
City Council Meeting	Service Project	AYC Meeting