## 2012-2013 Grant County Youth Board Application

(Please type or prin	t)					
Name:						
Address:						
City:		St	ate:	Zip:	Zip:	
Phone:		Cour	nty:			
Cell #:		em	ail:			
School:		Counse	lor:			
-	to be contacted abo assification for Fall 201		nts			
Grade Level:	Freshman	Sophomore	Junior	Senior		
Gender:	Male	Female				
Ethnicity:	African-American	Asian	Caucasian	Hispanic	Other:	
<b>Date of Birth:</b>						

## Two letters of reference must be included with this application.

As a Grant County Youth Board applicant, I agree to attend scheduled meetings and to participate in the events sponsored by the Grant County Youth Board. Meetings will be held on the 2nd Wednesday of each month @4:00.

Applicant's Signature

Date

I give permission for \_\_\_\_\_\_\_to be a member of the Grant County Youth Board. I have read the attached policies and procedures and understand that participation and attendance to all scheduled events is required.

Parent's Signature