

**STUDENT ADVISORY COUNCIL
APPLICATION**

Student Name _____ **Grade** _____

Parent/Guardian Name _____

Home Telephone _____ **Cellphone** _____ **E-mail** _____

Mailing Address _____
(Street) (City) (Zip Code)

List any extracurricular activities in which you are involved:

_____	_____
_____	_____

List your current schedule:

1. _____

3. _____

2. _____

4. _____

Teacher Recommendations:

_____	_____
_____	_____

Student Recommendations:

_____	_____
_____	_____

If selected I understand that I will be expected to attend one meeting on the third Tuesday of each month, beginning with school in session in August through April of the following year. It is my understanding that there will be additional meetings in some months in order to meet the obligations undertaken by the Student Advisory Council.

Applicant Signature

Date

Parent Signature

Date

Answer the following questions on a separate sheet of paper:

- 1. Explain the personal qualities which would make you an ideal candidate for this program.**
- 2. If selected, explain what you would like to learn from this program and how this experience would assist you in achieving your future goals.**
- 3. Identify two projects you would introduce to the Student Council to improve teen lives in our community.**

PLEASE RETURN THIS COMPLETED FORM TO THE S.A.C. TEACHER ADVISOR AT YOUR SCHOOL.