



The City of Trenton
W. Reed Gusciora, Office of the Mayor
319 East State Street, Trenton, NJ 08608

**APPLICATION FOR THE OFFICE OF THE MAYOR'S
2021 YOUTH ADVISORY COUNCIL**

Submission of the following application signifies interest for a seat on the Mayor's Youth Advisory Council for the 2020-2021 academic year.

PLEASE COMPLETE THIS FORM ACCURATELY AND IN ITS ENTIRETY

NAME: _____ PHONE: _____

EMAIL: _____ ACADEMIC YEAR: FRESHMAN SOPHOMORE

AGE: _____ SCHOOL: _____ JUNIOR SENIOR 7 8

HOME ADDRESS: _____

EMERGENCY CONTACT NAME: _____

PHONE: _____ RELATIONSHIP: _____

PLEASE LIST ANY EXTRACURRICULAR ACTIVITIES (Indicate years active and leadership positions, if necessary): _____

WHY DO YOU WANT TO BE A MEMBER OF THE YOUTH ADVISORY COUNCIL? _____



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PLEASE DESCRIBE ONE OR TWO CITY ISSUES YOU WOULD LIKE TO WORK
TOWARDS IMPROVING THROUGH THIS PROGRAM: _____

WHAT IS ONE DEPARTMENT OR ROLE WITHIN CITY HALL YOU WOULD
LIKE TO LEARN MORE ABOUT? WHY? _____

PLEASE ATTACH A DIGITAL COPY OF STUDENT RESUME TO THE
APPLICATION AND INITIAL ONCE COMPLETED. _____

I, the applicant, have completed this application for the Mayor's Office Youth Advisory
Council to the best of my ability. With my (electronic) signature, I submit this application.

APPLICANT SIGNATURE: _____ DATE: _____