Salem Youth Council (SYC) Application

Application and essay are due by May 5 to

Marcie McKee at <u>marciemouse@comcast.net</u> Or turn in at Salem City Offices If you have any questions, text 801-372-0252

*Applicants must be going into the 10th-12th grade.

| Name: | Grade in school for upcoming year |
|---|---|
| Address: | |
| T-shirt SizeHoodie Size | If returning, do you need a new hoodie? |
| Cell #: | |
| E-mail you check often: | |
| Parent's Names: | |
| Activities/clubs you are involved in: | |
| community. | y you will contribute to our Youth Council and the time commitment. By signing this application, I agree to the |
| following: 1. Attend and participate in the r | monthly meetings, normally held on the 4thThursday. |
| 2. Help carryout scheduled activ3. Take an active role in serving and how you present yourself4. It will be necessary to purchase | and representing Salem City with honor in what you do, say |
| Applicants Signature: | Date: |
| I agree to support and help my s Youth Council as explained above. | son/daughter in fulfilling his/her commitments to Salem |
| Parent's Signature: | Date: |