



Borough of Sharon Hill Junior Council Program Application

Please print clearly

Name: _____

Full Address: _____

Email: _____ Cell Phone: _____

School: _____ Grade: _____ Approx. G.P.A.: _____

Age: _____ D.O.B: ___ / ___ / _____ Male Female Non-Binary

How did you learn about our program? _____

List four (4) things that you enjoy doing when you're not in school.

1. _____ 2. _____ 3. _____ 4. _____

List four (4) characteristics that best describe you.

1. _____ 2. _____ 3. _____ 4. _____

Have you participated in any other after-school, leadership and/or community-based programs? If so, please list below.

1. _____

2. _____

3. _____

Please be sure to complete the essay questions on the back of the application.

Please take a moment to complete the following essay question. Please use proper grammar and answer in complete sentence structure. Failure to do so may result in a rejection of your application.

1. What community conditions do you believe the Sharon Hill Borough Council and Junior Council should address to make Sharon Hill a better place for youth to live? What suggestion(s) do you have to approve them?

2. What strengths, skills and talents would you bring to the Junior Council?

3. If selected, how will you represent the Junior Council in your community and school?

4. Who is the one person you most admire? Why?

Youth Applicant Signature: _____

Date: _____

Parent/ Guardian Signature: _____

Date: _____