



Borough of Shoemakersville

JUNIOR COUNCILPERSON

APPLICATION

NAME : _____

ADDRESS : _____

TELEPHONE : _____ DATE: _____

E-MAIL ADDRESS: _____

SCHOOL NAME: _____

_____ grade for the 2019-2020 school year ____ years as a Shoemakersville Borough resident

Why do you think local government is important?

What is your favorite thing about Shoemakersville Borough?

What is one thing you would like to improve upon in Shoemakersville Borough?

List school leadership positions, extracurricular, volunteer or community activities:

Briefly describe why you would like to be considered for the Junior Councilperson position:

*If under 18, signature of parent or legal guardian
