



# Borough of Shoemakersville

## JUNIOR COUNCILPERSON

### APPLICATION

NAME : \_\_\_\_\_

ADDRESS : \_\_\_\_\_

TELEPHONE : \_\_\_\_\_ DATE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

SCHOOL NAME: \_\_\_\_\_

\_\_\_\_\_ level for the 2023-2024 school year \_\_\_\_ years as a Shoemakersville Borough resident

Why do you think local government is important?

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What is your favorite thing about Shoemakersville Borough?

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

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

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

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\*If under 18, signature of parent or legal guardian

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