



2023 - 2024  
**Application**  
**Deadline:**  
June 30th

**Applicant Information**

Applicant Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Parent/Guardian Information (if applicant is under 18)**

Parent/Guardian Name: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Name of School:** \_\_\_\_\_

**Type of School:** Public \_\_\_\_\_ Private \_\_\_\_\_ Homeschooled \_\_\_\_\_

**Year in School (During 2023-2024):** Freshman \_\_\_\_\_ Sophomore \_\_\_\_\_ Junior \_\_\_\_\_ Senior \_\_\_\_\_  
Undergraduate/College \_\_\_\_\_ Other: \_\_\_\_\_

**1. What do you believe is one issue that youth in Hagerstown face? How would you address this issue?**

**2. What topics are you passionate about?**

- 3. How would you define community? Why is it important to have an engaged community?**
  
  
  
  
  
  
  
  
  
  
- 4. Why should you be selected to serve on the Hagerstown Youth Council?**
  
  
  
  
  
  
  
  
  
  
- 5. What do you hope to gain from your experience on the Hagerstown Youth Council?**
  
  
  
  
  
  
  
  
  
  
- 6. Please list any other community service or extracurricular activities you are currently involved in or anticipate being involved in during 2023-2024 academic year.**
  
  
  
  
  
  
  
  
  
  
- 7. What are your future goals (academic, career, etc.)?**
  
  
  
  
  
  
  
  
  
  
- 8. How did you hear about the Hagerstown Youth Council? (optional)**
  
  
  
  
  
  
  
  
  
  
- 9. Is there anything else you would like to share with the application review committee? (optional)**

**Please provide the contact information for one individual that may be used as a reference if necessary. This person should not be a family member or related.**

Name: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### **Student Participation and Attendance Commitment**

Participation is essential for the Hagerstown Youth Council to meet its objectives. By signing below, you agree to regularly attend HYC meetings and its various events and programs. If you are unable to attend a HYC meeting, you will promptly notify the staff liaison, in advance.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

Completed applications can be submitted by one of the following methods:

- **Mail:** City of Hagerstown, Department of Community & Economic Development  
c/o Hagerstown Youth Council  
14 N. Potomac Street, Suite 200A  
Hagerstown, MD 21740
- **Email:** [dced@hagerstownmd.org](mailto:dced@hagerstownmd.org)  
Subject Line: HYC Application - (First and Last Name)