

Youth Advisory Council
Application Form

Please submit to McPherson County Community Foundation
by Friday, September 24, 2010

Name: _____ Date: _____

Address: _____

City, State & Zip Code: _____

Home Phone: _____ Cell Phone: _____

E-Mail: _____

Parent / Guardian's Name: _____

School Attending: _____

Graduation Year: _____ Birth Date: _____

Parent Signature: _____

QUESTIONS

1. I believe I would be good for membership on the Youth Advisory Council because:

2. In my opinion, philanthropy means:

3. Ideas that I have for helping McPherson County youth are:

4. One or some interesting thing(s) that you should know about me is:

