

JOIN THE FRANKLIN TOWNSHIP YOUTH COUNCIL

ELIGIBLE TO YOUTH IN GRADES 7-11

Want to be more involved and connected with youth in Franklin Township?
Looking to be a part of and help build your community?

Smart? Energetic? Creative? Organized? Awesome?

If you answered yes to the questions above,
then the Franklin Township Youth Council may be right for you!



FRANKLIN TOWNSHIP YOUTH COUNCIL...

- ✕ Plans activities for youth in the community
- ✕ Coordinates projects with community partners
- ✕ Takes pride in providing great community service!

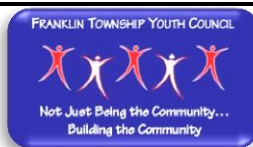
If you are interested in being part of the Franklin Township Youth Council, simply complete the application on the reverse side and submit it by **4:00 p.m. on 10/16/15**.

NOTE: Youth Council meetings will typically be held the 1st and 3rd Tuesdays of each month from 6:30-8:30 p.m. at the Community/Senior Center. For more info, call (732)873-1991, #4.

APPLICATION DEADLINE

- ☆ **Make Your Essay Mean Something!** Tell personal stories that tell the selection committee something important about you. Avoid generic phrases like "Webster's Dictionary defines community service as..." Avoid tired clichés in your writing.
- ☆ **If You Got It, Flaunt It!** Tell us all about your groups, organizations, extra-curricular activities, leadership positions, interests, hobbies and/or strengths.
- ☆ **If you wouldn't say it, you shouldn't write it!** Don't get caught up in the thesaurus graveyard. Use words and phrases that you know and are comfortable using.
- ☆ **Make Your Recommendations Count!** Recommendations must be from individuals who can provide specific examples that can attest to your qualities FIRST HAND. Include two (2) SIGNED & SEALED letters of recommendation, from a non-family member, illustrating how you show leadership and character in everyday life. The recommendations must be **signed, with a signed & sealed flap**. Make sure you request them ASAP!
- ☆ **Proofread, Proofread, Proofread!** Don't let a careless mistake speak for you.
- ☆ **DON'T BE LATE!** Competition is tight. Only 25 applicants will be considered for a provisional membership. Early applications are encouraged!
- ☆ **ASK QUESTIONS!** If you're unsure about anything, call before submitting your application.

APPLICATION DEADLINE: FRIDAY, OCTOBER 16, 2015 by 4:00 pm!!
Please note that spaces are very limited. Incomplete and/or late applications will not be accepted. NO EXCEPTIONS.



PLEASE PRINT NEATLY!

FRANKLIN TOWNSHIP YOUTH COUNCIL APPLICATION FORM

STUDENT INFO

NAME: _____ FEMALE MALE

ADDRESS: _____
City State Zip

HOME PHONE: _____ CELL: _____ E-MAIL: _____

SCHOOL: _____ BIRTH DATE: _____ GRADE: _____

PARENT/GUARDIAN NAME: _____ (NAME1) _____ (NAME2)

NAME 1

PARENT/GUARDIAN SIGNATURE: _____ NAME 2

STUDENT SIGNATURE: _____

HOW DID YOU HEAR ABOUT US? _____

APPLICATION CHECKLIST (INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED. NO EXCEPTIONS.)

You must answer the following questions WITHIN THE ESSAY:

- Please write a 350 - 500 word essay on why you would like to be a member of the Franklin Township Youth Council, how you would be an asset to the organization, and how you personally display dedication, commitment, and responsibility within Franklin Township.
- If you could create an original FTYC service project for the community, what would it be, why would you choose it, and how would you make it successful? Please make sure your service project is original, innovative, and realistic. (Example: We cannot feed an entire country or provide emergency medical care.) **THINK OUTSIDE THE BOX!**

DO NOT EXCEED YOUR 350 – 500 WORD COUNT!

- Include two (2) **SIGNED & SEALED** letters of recommendation.

Letters **MUST BE** sealed and signed **ACROSS THE FLAP** to be accepted.



- Both letters must be from an **adult** non-family member, illustrating how you show leadership and character in everyday life. Recommendations must be from individuals who know you personally and who can provide specific examples that can attest to the applicant's qualities FIRST HAND.
- Please include name, position, e-mail, and phone number of adult recommender.
- Letters of recommendations not for FTYC will be automatically rejected.

- Please attach a copy of your last official report card.

_____/_____/_____
NAME OF RECOMMENDER #1 & POSITION / E-MAIL / PHONE NUMBER

_____/_____/_____
NAME OF RECOMMENDER #2 & POSITION / E-MAIL / PHONE NUMBER

PLEASE RETURN YOUR COMPLETED APPLICATION TO SAFFIE KALLON, FTYC COORDINATOR @ 505 DEMOTT LANE, SOMERSET, NJ 08873

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Any Questions? Call (732)873-1991, Option 4.