

**HAZLETON CITY COUNCIL
JUNIOR COUNCIL ADVISORY MEMBER APPLICATION**

NAME: _____

ADDRESS: _____

PHONE: _____ E-MAIL: _____

AGE: _____ DATE OF BIRTH: _____

GRADE (2020-2021 School Year): _____

SCHOOL: _____

I would like to be considered for the position of a Hazleton City Council Junior Council Advisory Member because ***(Please state in 200 words or less. Use the back of this form or attach another sheet, if necessary)***:

Please return this completed form by email, U.S. mail, or fax to:

**Eileen Matenkoski, City Clerk
CITY OF HAZLETON
40 North Church Street, 2nd Floor
Hazleton, PA 18201
459-4986 (Office)
459-4969 (Fax)
ematenkoski@cityofhazleton.org**