## HAZLETON CITY COUNCIL JUNIOR COUNCIL ADVISORY MEMBER APPLICATION

NAME:	
ADDRESS:	
PHONE:	E-MAIL:
AGE:	DATE OF BIRTH:
——— GRADE (2021-2022 School	Year):
SCHOOL:	
Junior Council Advisory Mem	d for the position of a Hazleton City Council nber because ( <i>Please state in 200 words or form or attach another sheet, if necessary</i> ):

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

Eileen Matenkoski, City Clerk CITY OF HAZLETON 40 North Church Street, 2<sup>nd</sup> Floor Hazleton, PA 18201 459-4986 (Office) 459-4969 (Fax)

ematenkoski@cityofhazleton.org