YOUTH ADVISORY COUNCIL APPLICATION

REPRESENTATIVE MARCIA L. FUDGE
MEMBER OF CONGRESS, OHIO’S ELEVENTH CONGRESSIONAL DISTRICT
WWW.FUDGE.HOUSE.GOV

CUYAHOGA COUNTY DISTRICT OFFICE
4834 RICHMOND ROAD, SUITE 150
WARRENSVILLE HEIGHTS, OH 44128
(216) 522-4900

SUMMIT COUNTY DISTRICT OFFICE
1225 LAWTON STREET
AKRON, OH 44320
(330) 835-4758
APPLICATION GUIDELINES

• ONLY COMPLETE APPLICATIONS WILL BE CONSIDERED.

• A COMPLETED APPLICATION CONSISTS OF: APPLICATION FORM, SHORT ANSWER RESPONSES, THREE LETTERS OF RECOMMENDATION INCLUDING ONE LETTER FROM YOUR PRINCIPAL (OR IF NON-TRADITIONAL STUDENT YOUR PROGRAM COORDINATOR), STUDENT AGREEMENT FORM AND AUTHORIZATION TO USE IMAGE FORM. YOU MAY INCLUDE A RESUME HOWEVER IT IS NOT REQUIRED.

• ELIGIBLE APPLICANTS MUST BE:
  ➢ ENROLLED IN 11TH OR 12TH GRADE
  OR
  ➢ YOUTH (AGES 16-18 AT TIME OF APPOINTMENT) INVOLVED IN NON-TRADITIONAL SCHOOL PROGRAMS, JOB TRAINING PROGRAMS OR WORKING TOWARDS A GED.

• APPLICANT MUST RESIDE OR ATTEND A PUBLIC SCHOOL IN THE 11TH DISTRICT OF OHIO. IF YOU ARE NOT SURE IF YOU RESIDE IN THE DISTRICT, PLEASE VISIT WWW.HOUSE.GOV AND USE THE “FIND YOUR REPRESENTATIVE” LINK LOCATED IN THE TOP RIGHT CORNER.

• APPLICATIONS MUST BE RECEIVED BY THE OFFICE OF CONGRESSWOMAN MARCIA L. FUDGE NO LATER THAN 5:00 P.M. ON THURSDAY, SEPTEMBER 26, 2019. THE FIRST MEETING IS SCHEDULED FOR OCTOBER 2019. THE EXACT DATE AND LOCATION ARE TO BE DETERMINED.
STUDENT INFORMATION

NAME:____________________________________________ DATE OF BIRTH:______________________

ADDRESS:________________________________________________________________________________

CITY, STATE, ZIP:____________________________________________________________________________

SCHOOL/PROGRAM:_________________________________________ GRADE LEVEL:______________

SCHOOL DISTRICT:____________________________________________________________________________

HOME PHONE NUMBER:__________________________________________________________

ALTERNATE PHONE NUMBER:__________________________________________________________

EMAIL:________________________________________________________________________________

PLEASE LIST ALL RELEVANT CLASSES, CLUBS, ORGANIZATIONS AND EXTRACURRICULAR ACTIVITIES (INCLUDING LEADERSHIP ROLES):
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

HOW DID YOU HEAR ABOUT CONGRESSWOMAN MARCIA L. FUDGE’S YOUTH ADVISORY COUNCIL?
☐ WEBSITE       ☐ SOCIAL MEDIA (FACEBOOK, TWITTER, ETC.)       ☐ SCHOOL

☐ OTHER: ________________________________________________________________
PARENT/GUARDIAN INFORMATION

NAME: __________________________________________________________

ADDRESS: ________________________________________________________

CITY, STATE, ZIP: _________________________________________________

HOME PHONE NUMBER: _____________________________________________

ALTERNATE PHONE NUMBER: _________________________________________

EMAIL: ___________________________________________________________

AUTHORIZATION TO USE IMAGE

* I CONSENT TO MY MINOR CHILD’S / MY (APPLICABLE TO INDEPENDENT MINORS) PHOTOGRAPH BEING TAKEN OR IMAGE RECORDED IN CONNECTION WITH CONGRESSWOMAN MARCIA L. FUDGE’S ELEVENTH CONGRESSIONAL DISTRICT YOUTH ADVISORY COUNCIL AND ITS ACTIVITIES. FURTHERMORE, I AUTHORIZE THE USE OR RELEASE FOR PUBLICATION OF MY CHILD’S NAME, IMAGE AND/OR VOICE AS MAY BE CAPTURED BY PHOTOGRAPHY, VIDEO OR AUDIO RECORDING WHILE ATTENDING OR PARTICIPATING IN ACTIVITIES ASSOCIATED WITH THE YOUTH ADVISORY COUNCIL, IN ANY MEDIUM, FOR ANY PURPOSE, INCLUDING ILLUSTRATION, PROMOTION, MARKETING OR ADVERTISEMENT.

CHILD’S NAME (PRINT): _____________________________________________

CHILD’S DATE OF BIRTH (MM/DD/YYYY): ______________________________

PRINTED NAME OF PARENT/GUARDIAN: _______________________________

SIGNATURE OF PARENT/GUARDIAN: ___________________________________

SIGNATURE OF CHILD (IF 18 , OR AN INDEPENDENT MINOR):_______________

DATE: __________________________________________________________________
**PLEASE COMPLETE THE FOLLOWING FOUR QUESTIONS**

**PLEASE answer each of the following questions using no more than 250 words for each answer. (If you require additional space you may attach another sheet. However, you must remain in the 250 word limit.)**

1. **Why do you want to serve on Congresswoman Fudge’s Youth Advisory Council?**

2. **What are some challenges the youth of Ohio’s Eleventh Congressional District face? How would you work to address these challenges as a member of the Youth Advisory Council?**
3. **What national challenges do youth face daily? How would you resolve these challenges?**

For the following question, you may use up to **400 words** to answer. If you require additional space, you may attach another sheet. However, you must remain in the **400 word limit**.

4. **What issue do you feel most passionate about and why? Outline a plan to address this issue.**
STUDENT AGREEMENT

I CERTIFY THE INFORMATION PROVIDED ON THIS APPLICATION AND ITS ATTACHMENTS IS TRUE TO THE BEST OF MY KNOWLEDGE.

APPLICANT SIGNATURE: _____________________________________________________________

DATE:_________________________________________________________________________

I DO HEREBY GIVE CONSENT FOR MY CHILD TO PARTICIPATE IN THE YOUTH ADVISORY COUNCIL AND UNDERSTAND THE TIME COMMITMENT INVOLVED FOR THIS PROGRAM.

PARENT/GUARDIAN SIGNATURE: ______________________________________________________

DATE: _________________________________________________________________________

THE EFFECTIVENESS OF CONGRESSWOMAN MARCIA L. FUDGE’S YOUTH ADVISORY COUNCIL (YAC) DEPENDS ON MY ACTIVE PARTICIPATION AS A 2019 APPOINTEE OR ALTERNATE IF SELECTED, I AGREE TO THE FOLLOWING:

• I WILL ATTEND AND ACTIVELY PARTICIPATE IN GENERAL BODY MEETINGS, ASSIGNED COMMITTEE MEETINGS, EVENTS AND ACTIVITIES.

• IF I AM UNABLE TO ATTEND A REGULAR MEETING OR A COMMITTEE MEETING, I WILL CONTACT THE YAC STAFF LIAISON AT LEAST 2 DAYS BEFORE THE SCHEDULED MEETING.

• I WILL CHECK MY EMAILS REGULARLY AND RESPOND PROMPTLY TO ENSURE EFFECTIVE COMMUNICATION WITH YAC MEMBERS AND THE YAC STAFF LIAISON ENSUES.

• BELOW, I HAVE LISTED ACTIVITIES THAT MAY CONFLICT WITH MY ATTENDANCE AT THE YAC MEETINGS. (I.E. SPORTING EVENTS, HONOR CLUBS, EXTRACURRICULAR ACTIVITIES, ETC.).

<table>
<thead>
<tr>
<th>ACTIVITY</th>
<th>TIME PERIOD</th>
<th>TIME OF EVENT IF KNOWN</th>
</tr>
</thead>
<tbody>
<tr>
<td>BASEBALL</td>
<td>MARCH - JUNE</td>
<td>9:00 A.M. – 12:00 P.M.</td>
</tr>
</tbody>
</table>

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

APPLICANT SIGNATURE: ____________________________________  DATE: ________________
COMPLETED APPLICATION CHECK LIST

☐ STUDENT INFORMATION (PAGE 3)
☐ PARENT/GUARDIAN INFORMATION AND AUTHORIZATION TO USE IMAGE FORM (PAGE 4)
☐ SHORT ANSWER QUESTIONS (PAGE 5-6)
☐ STUDENT AGREEMENT (PAGE 7)
☐ RESUME (OPTIONAL)

☐ YOU ARE REQUIRED TO SUBMIT THREE LETTERS OF RECOMMENDATION, SEE CATEGORIES BELOW:

1. PRINCIPAL (MANDATORY)
2. TEACHERS
3. SCHOOL COUNSELORS
4. COMMUNITY LEADERS
5. CLERGY
6. EMPLOYERS

} PLEASE CHOOSE TWO ADDITIONAL RECOMMENDERS FROM THE LIST.

YOUR COMPLETED APPLICATION MUST BE RECEIVED BY THE OFFICE OF CONGRESSWOMAN MARCIA L. FUDGE NO LATER THAN THURSDAY, SEPTEMBER 26, 2019 BY THE CLOSE OF BUSINESS (5:00 P.M.).

MAIL: CONGRESSWOMAN MARCIA L. FUDGE
4834 RICHMOND ROAD, SUITE 150
WARRENSVILLE HEIGHTS, OH 44128

EMAIL: OH11YAC@GMAIL.COM

FAX: (216) 522-4908

IF YOU HAVE ANY QUESTIONS REGARDING THE APPLICATION OR THE YOUTH ADVISORY COUNCIL, PLEASE CONTACT THE OFFICE OF CONGRESSWOMAN MARCIA L. FUDGE AT (216) 522-4900.