

# Moose Youth Awareness Program Application for Consideration

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

School Activities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Hobbies /Other Interests & Activities: (Scouting, Community Service, Volunteer Activities)

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**OVER**

Please answer the following questions. If additional space is needed, attach a separate piece of paper. **Please type or print legibly.**

Explain why you would like to be selected for this program.

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What do you feel is the greatest danger facing the youth of our local communities? Why?

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I acknowledge that the information provided is true to the best of my knowledge. This application is intended to express my interest in being considered as a Student Congress Representative.

I understand that this application does not guarantee that I will be selected to represent Loyal Order of Moose Lodge / Women of the Moose Chapter # \_\_\_\_\_ at the Association Student Congress.

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Signature

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Date

