



Youth Advisory Council (YAC)
MEMBER APPLICATION School Year 2023/24

First Name: _____ Last Name: _____

Student Cell Phone: _____ Parent Cell Phone/Home Phone: _____

Complete Address: _____

Student Email: _____ School you attend: _____
(please use a non-school email)

Grade in School: _____ Graduation Year: _____

Parent/Guardian Name & Email: _____

Describe your participation in school, sports, church, community or other club activities:

Why would you like to be on the YAC committee?

Please list and describe your interests:

I understand that if I am selected as a member of the Michigan Gateway Community Foundation's Youth Advisory Council, I will be committed to attend monthly meetings on the third Sunday of every month (date & time subject to change), and at least 50% of other YAC activities throughout the year. I will be an active participant and a positive representative of the Council.

Signature: _____ Date: _____

Please return to MGCF at 111 Days Ave., Buchanan, MI 49107 OR scan and email to Jennifer Popielski, YAC Advisor at Jpopielski@mgcf.org Work Phone 269-695-3521