HAZLETON CITY COUNCIL JUNIOR COUNCIL ADVISORY MEMBER APPLICATION

NAME:	
ADDRESS:	
PHONE:	E-MAIL:
AGE:	DATE OF BIRTH:
 GRADE (2024-2025 School Year):_	
SCHOOL:	
Junior Council Advisory Member be	ne position of a Hazleton City Council ecause (Please state in 200 words or r 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) 459-4966 (Fax) ematenkoski@cityofhazleton.org