



**CITY OF LAGRANGE, GEORGIA  
LAGRANGE YOUTH COUNCIL STUDENT APPLICATION  
(2026-2027)**

**Deadline for submission: Friday, May 1<sup>st</sup>, 2026 at 5PM**

In order to be considered, student applicants must meet the following criteria:

- Submittal of this application, completed in its entirety, no later than Friday, May 1<sup>st</sup>, 2026.
  - Interviews will be held May 4<sup>th</sup> – 15<sup>th</sup>. Selections will be made by Friday, May 22<sup>nd</sup>.
- Be presently enrolled in high school. **Applicant will be a junior or a senior in 2026-2027.**
- Attend the **mandatory** orientation session before induction in August 2026.
- **Be academically eligible to participate in school sports and extracurricular activities.**
- Be free of any serious disciplinary infractions within the last six months.
- Be able to think critically and articulate thoughts and ideas.
- Have an interest in learning about government and how it functions.
- Possess potential leadership skills.
- Secure parental or guardian permission and support.
- **Must be a resident of the City of LaGrange, living in the city limits**
- Commit to attending a Leaving LaGrange Better Than We Found It Litter Clean Up event or other approved city event.

Applicant's Name: \_\_\_\_\_

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

City, State, & Zip Code: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Other Number: \_\_\_\_\_

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

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

School (Present): \_\_\_\_\_ Grade (present): \_\_\_\_\_

School (Next school year if different) \_\_\_\_\_

Please list adult references below. The references should be able to answer questions concerning the applicant's qualifications for membership in the LaGrange Youth Council. References should not be a familial relation to the applicant. References may be contacted by the Youth Advisory Board.

1. Name \_\_\_\_\_ Relation to applicant: \_\_\_\_\_

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

2. Name \_\_\_\_\_ Relation to applicant: \_\_\_\_\_

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

Please list any extracurricular activities you have been involved in.

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any involvement in community service or special projects.

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What motivates you to want to become a member of the LaGrange Youth Council?

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What programs, activities, or issues would you like to see addressed by the LaGrange Youth Council?

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How would you contribute to the LaGrange Youth Council?

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Based on the commitments you have already made for the upcoming school year, could you dedicate approximately 4-8 hours or more per month, from August to May, to the LaGrange Youth Council?

Yes \_\_\_\_\_ No \_\_\_\_\_

Do you foresee any conflicts with the schedule? If so, what?

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I, \_\_\_\_\_, verify that the information that I have included on the application is correct to the best of my knowledge. I am interested in serving my community on the City of LaGrange Youth Council and if selected, I will abide by all of the rules and regulations set forth by the Youth Advisory Board and the LaGrange City Council.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I, \_\_\_\_\_, the parent or legal guardian of \_\_\_\_\_, grant permission to my son/daughter to serve on the City of LaGrange Youth Council and grant permission for him/her to participate in all activities of the Youth Council and, if selected, will assist him/her in this endeavor and further grant permission for the release of my child's grades to the LaGrange Youth Advisory Board for review and evaluation.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**After completing the application, please deliver or mail the completed form directly to:**

**LaGrange Youth Council  
ATTN: Adam Speas, City of LaGrange Grant Manager  
200 Ridley Avenue  
LaGrange, GA 30240**

**Or email the completed application to Adam Speas at [aspeas@lagrangega.org](mailto:aspeas@lagrangega.org)**