



# Borough of Chalfont

## JUNIOR COUNCILPERSON APPLICATION

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ TODAY'S DATE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

I will be in \_\_\_\_\_ grade for the 20\_\_\_\_/20\_\_\_\_ school year.

I have been a Chalfont resident for the past \_\_\_\_\_ years.

Why do you think local government is important?

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What is your favorite thing about Chalfont Borough?

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What is one thing you would like to improve upon in Chalfont Borough?

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Briefly describe why you would like to be considered for the Junior Councilperson position:

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\*If under 18, signature of parent or legal guardian: \_\_\_\_\_

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