THIRD DISTRICT YOUTH ADVISORY COUNCIL
APPLICATION

Mission Statement: To encourage young people to actively participate in public policy by offering a forum for students in the Third District of Nebraska to gain experience with legislative issues and the knowledge to plan for the future of our district and our state.

Name: MR. / MS. ____________________________________________________________

Preferred Name: __________________________________________________________

Email: __________________________________________________________________

Address: __________________________________________________________________

City, State, Zip: __________________________________________________________________

Telephone: ________________________ Cell: ______________________

Age: ____________________ Grade: ____________________

High School: ____________________

School Address: ____________________

City, State, Zip: ____________________________________________________________

School Phone: ____________________

Please include a 250-word essay answering the following question:
What is the biggest issue facing our nation and why?

What are your public policy interests?
________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Student Signature: _________________________________________________________

I commit to serve in this capacity until May 2023.

Parent Signature: __________________________________________________________

I give permission for my son/daughter to participate in the Third District Youth Advisory Council.

Parents’ Names: ____________________________________________________________

(Please Print)

Parents’ Address: __________________________________________________________

(If different from student’s)

Personal Reference:
Name: __________________________ Title: __________________________

Relationship to applicant: __________________________

Phone: __________________________ Email: __________________________
COMPLETED APPLICATION PACKET INCLUDES:

- A Complete Application with Signatures
- A 250-Word Essay
- A Current Applicant Headshot

PLEASE RETURN A COMPLETED APPLICATION PACKET WITH SIGNATURES TO:
Congressman Adrian Smith
1811 W. Second St., Suite 275
Grand Island, NE 68803

Deadline: July 15, 2022