

STAFF USE ONLY.

STUDENT LAST NAME:

GRADE: \_\_\_\_\_

RECEIVED: \_\_\_\_\_



# Broken Arrow YOUTH CITY COUNCIL

2019-2020 5DD@75HCB

**Open to High School Students who are  
Entering 10th or 11th grade for  
2019-20 school year**

Instructions/Information:

1. Fill out the application, complete the essay requirement, and return by 9/3/19.
2. Give the blank recommendation forms to two adults who are not related to you and ask them to send the completed form to the address, fax, or email below by the deadline.
3. Students will be notified of acceptance by September 10, 2019. The first meeting will be September 17.
4. Schedule updates can be found at [www.brokenarrowok.gov/youthcitycouncil](http://www.brokenarrowok.gov/youthcitycouncil).

**DEADLINE: TUESDAY SEPTEMBER 3, 2019 | 220 S. FIRST STREET | BROKEN ARROW, OK 74012**

**Phone: (918) 259-8419 | Fax: (918) 259-8226 | [youthcouncil@brokenarrowok.gov](mailto:youthcouncil@brokenarrowok.gov)**



**APPLICANT INFORMATION**

NAME: \_\_\_\_\_ COUNCIL WARD NO. (See Map)

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

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ AGE: \_\_\_\_ BIRTHDATE: \_\_/\_\_/\_\_

EMAIL: \_\_\_\_\_ SCHOOL NAME: \_\_\_\_\_ GRADE:

**PARENT/GUARDIAN INFORMATION (2 CONTACTS REQUIRED)**

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

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ WORK: \_\_\_\_\_

ADDRESS IF (DIFFERENT): \_\_\_\_\_

EMAIL: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

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

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ WORK: \_\_\_\_\_

ADDRESS IF (DIFFERENT): \_\_\_\_\_

EMAIL: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION (IF DIFFERENT THAN ABOVE)**

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

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ WORK: \_\_\_\_\_

**APPLICANT SIGNATURE:** \_\_\_\_\_

**PARENT OR GUARDIAN APPROVAL SIGNATURE:** \_\_\_\_\_

**DATE COMPLETED:** \_\_\_\_\_

**2019-2020 APPLICATION, Due Tuesday: 9/3/19 | 220 S. FIRST STREET | BROKEN ARROW, OK 74012**

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**YCC PARTICIPATION**

**NOTE: Monthly meetings are typically held the second Tuesday of each month from September through May.**

How did you hear about Youth City Council?

How many hours per month are you willing to commit to participating in Youth Council?

What school activities and clubs are you active in?

List other community involvement/volunteering:

**Broken Arrow Youth Council Student Commitment**

I have attached a 250 word essay, "Why I am interested in participating in Youth City Council and local government."

**Participation in YCC requires the following:**

- ◆ Reside within the City of BA fenceline.
- ◆ 2 letters of recommendation (Mailed directly to address below).
- ◆ Maintain at least a 3.0 GPA.
- ◆ Participate in YCC program activities.
- ◆ 250 word essay.
- ◆ Evidence of Leadership within Broken Arrow.
- ◆ A sophomore or junior (Public/Private/Homeschool).
- ◆ Three-year commitment is encouraged.

(Returning juniors/seniors do not have to reapply, but please submit a letter of interest and any contact information changes by deadline.)

I have read all the requirements of being a Youth City Councilor and I meet those requirements.

**APPLICANT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Mail or deliver application to: City Hall, 220 S. First Street, Broken Arrow, OK 74012

**Deadline: Tuesday, September 3, 2019 @ 5:00PM**

# Broken Arrow YOUTH CITY COUNCIL

## &\$%- ! &\$&\$ F ECOMMENDATION FORMS

**DEADLINE: TUESDAY SEPTEMBER 3, 2019 | 220 S. FIRST STREET | BROKEN ARROW, OK 74012**

Phone: (918) 259-8419 | Fax: (918) 259-8226 | [youthcouncil@brokenarrowok.gov](mailto:youthcouncil@brokenarrowok.gov)



**LETTER OF RECOMMENDATION #1 | DEADLINE: SEPTEMBER 3, 2019**

**TO THE APPLICANT:** After completing the questions in this box, give this form to someone you feel most able to assess you on multiple levels of extra curricular involvement, academic abilities, etc. Please inform the recommender to send the letter **directly** to the City of Broken Arrow at the address provided, rather than to you. **Recommendation letters will only be accepted directly from the recommender.**

STUDENT NAME:

DATE:

ADDRESS:

SCHOOL NAME:

GRADE:

**TO THE RECOMMENDER:** The City of Broken Arrow uses this letter of recommendation to choose outstanding individuals from a group of greatly competent candidates. Please answer the questions below as honestly as possible, reflecting on your involvement while working with the student. Please email, fax, or mail the letter of recommendation directly to:

Broken Arrow City Hall, Attn: Jennifer Hooks, at the address provided below no later than **Tuesday, September 3, 2019.**

**NAME of RECOMMENDING PERSON:**

**TITLE:**

PHONE:

ADDRESS:

EMAIL:

**BACKGROUND QUESTIONS:**

1. How long have you known the applicant, and in what capacity?

2. What are the first words you think of when describing this student?

**2019-2020 APPLICATION, Due Tuesday: 9/3/19 | 220 S. FIRST STREET | BROKEN ARROW, OK 74012**

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**LETTER OF RECOMMENDATION #1 (Continued) | DEADLINE: SEPTEMBER 3, 2019**

**EVALUATION QUESTIONS (PLEASE ATTACH ADDITIONAL PAGES IF NEEDED)**

3. Personal or Academic strengths and weaknesses. Please describe a situation in which the applicant took advantage of personal strengths or tried to improve areas of personal or academic weakness.

4. Leadership experiences/activities. Please provide examples, if possible, of activities in which the applicant has sought to broaden their leadership skills through cultural, social, educational, and/or religious experiences.

Recommender's Signature:

DATE:

Please Print Name:

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**LETTER OF RECOMMENDATION #2 | DEADLINE: SEPTEMBER 3, 2019**

**TO THE APPLICANT:** After completing the questions in this box, give this form to someone you feel most able to assess you on multiple levels of extra curricular involvement, academic abilities, etc. Please inform the recommender to send the letter **directly** to the City of Broken Arrow at the address provided, rather than to you. **Recommendation letters will only be accepted directly from the recommender.**

STUDENT NAME:

DATE:

ADDRESS:

SCHOOL NAME:

GRADE:

**TO THE RECOMMENDER:** The City of Broken Arrow uses this letter of recommendation to choose outstanding individuals from a group of greatly competent candidates. Please answer the questions below as honestly as possible, reflecting on your involvement while working with the student. Please email, fax, or mail the letter of recommendation directly to:

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**NAME of RECOMMENDING PERSON:**

**TITLE:**

PHONE:

ADDRESS:

EMAIL:

**BACKGROUND QUESTIONS:**

1. How long have you known the applicant, and in what capacity?

2. What are the first words you think of when describing this student?

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**LETTER OF RECOMMENDATION #2 (Continued) | DEADLINE: SEPTEMBER 3, 2019**

**EVALUATION QUESTIONS (PLEASE ATTACH ADDITIONAL PAGES IF NEEDED)**

3. Personal or Academic strengths and weaknesses. Please describe a situation in which the applicant took advantage of personal strengths or tried to improve areas of personal or academic weakness.

4. Leadership experiences/activities. Please provide examples, if possible, of activities in which the applicant has sought to broaden their leadership skills through cultural, social, educational, and/or religious experiences.

Recommender's Signature:

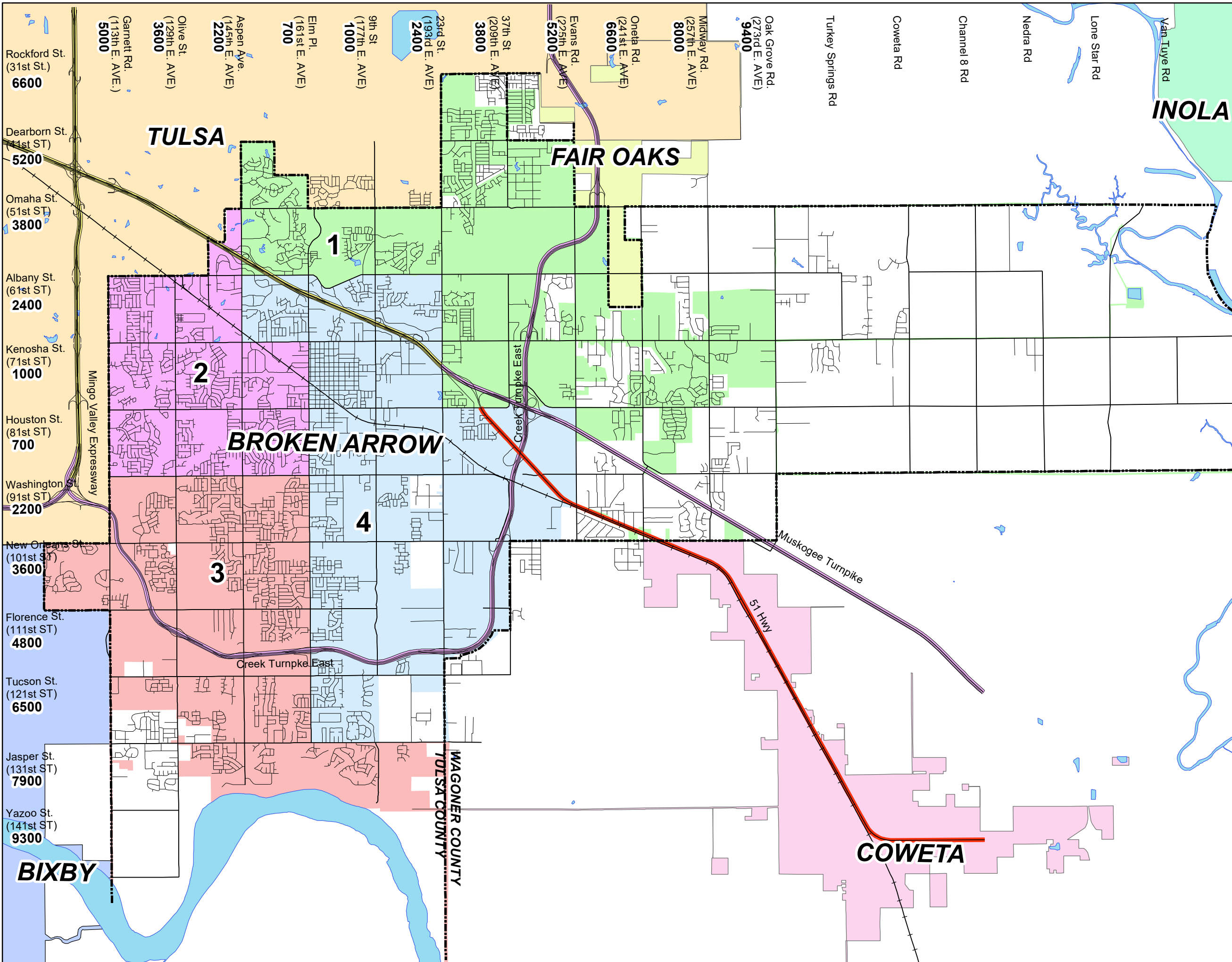
DATE:

Please Print Name:

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### Legend

- Road Centerlines
- Railroads
- BA Fenceline
- Waterbodies

### Road Centerlines

- #### Road Class
- Turnpike
  - Major Arterial
  - Highway
  - Expressway

### District, Name

- 1, Debra Wimpee
  - 2, Craig Thurmond
  - 3, Christi Gillespie
  - 4, Scott Eudey
- At Large Johnnie Parks



## CITY OF BROKEN ARROW'S CITY LIMITS AND FENCELINE 2019



Scale: N.T.S.