



**City of Rochester Hills**  
**Youth Council Representative Application**  
**for Rochester Hills Government Youth Council**  
**(RHGYC)**

1000 Rochester Hills Dr.  
Rochester Hills, MI 48309  
248.656.4600  
www.rochesterhills.org

*The Rochester Hills City Council has established the Rochester Hills Government Youth Council (RHGYC) to promote youth involvement in local government through active participation and the mutual exchange of ideas and experiences for the ultimate benefit of all Rochester Hills residents.*

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**Profile Information:** *Please type or print using black ink.*

Student Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

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

City: Rochester Hills State: MI Zip Code: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Parent(s) or Legal Guardian(s) Name: \_\_\_\_\_

High School Attending in Fall: \_\_\_\_\_ Grade in Fall: \_\_\_\_ Graduation Date: \_\_\_\_\_

Principal's Name: \_\_\_\_\_ School Phone: \_\_\_\_\_

School Address: \_\_\_\_\_

City: \_\_\_\_\_ State: MI Zip Code: \_\_\_\_\_

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**Essay Questions:**

*Please type or neatly write a short essay on a separate piece of paper responding to the following questions. (500 words maximum)*

1. Where do you see yourself in ten years?
  2. What would you change about yourself?
  3. Describe one lesson you will carry with you for life and from whom did you learn the lesson?
  4. Name one social trend you have rejected and explain in detail why you have rejected this trend.
  5. Describe your best friend and the qualities that make them your best friend.
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**Recommendations:**

*Please include two letters of recommendation (with your application and essay) from adults who know you at school and your activities outside of school.*

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(COMPLETE BOTH SIDES OF APPLICATION)

**Interest Statement:**

*I am interested in serving on the Rochester Hills Government Youth Council. I understand that, if selected, I will be required to sign the Letter of Understanding outlining my responsibilities to the RHGYC.*

**Signed,**

\_\_\_\_\_

**Dated:** \_\_\_\_\_

*I have read the above interest statement and give my permission for my son/daughter to serve as a youth representative on Rochester Hills Government Youth Council.*

**Parent or Legal Guardian Signature:**

\_\_\_\_\_

**Dated:** \_\_\_\_\_

**Work phone (if applicable)** \_\_\_\_\_

**Please return the completed application, essay and recommendations by May 15<sup>th</sup> to:**

City of Rochester Hills Clerk's Office  
Youth Council Liaison  
1000 Rochester Hills Drive  
Rochester Hills, MI 48309  
Email: youthcouncil@rochesterhills.org

*The returned information will remain in the Clerk's Office and are not confidential. For additional information, please call the Youth Council Liaison at (248) 656-4630.*

*Office Use Only:*

Date Received: \_\_\_\_\_

Date sent to Committee: \_\_\_\_\_