



Date: _____

2023 Teen Advocacy Council Application

Applicant Information:

Name: _____ Age: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Grade: _____ School: _____

Personal Email: _____

Parents/Guardians:

Parent/Guardian #1: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Employer: _____ Work Phone: _____

Email: _____

Parent/Guardian #2: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Employer: _____ Work Phone: _____

Email: _____

Emergency Information: If custodial parent/guardian is unavailable in an emergency, we will notify the following:

Name: _____ Relationship: _____

Phone: _____



Qualified applicants will have:

- Eagerness to learn
- Ability to work with community leaders, educators, and fellow students
- Creativity
- Willingness to express opinions in a respectful manner
- Submit 2 letters of recommendation

Why are you interested in being a part of the Girls Inc. Teen Advocacy Council? Have you ever had leadership initiatives that you have been involved in before? Explain.



Part of your role as a member of the TAC will be to represent your community and female student body on issues that you and your peers are facing today. How will you serve as an effective advocate representative to work to solve issues that girls are facing today?

We know that you are probably a busy girl. What other commitments do you currently have in your life?

What is your GPA? _____

Applicant Signature: _____