

2010 CITIZENS ACADEMY

Participation Application



APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	Cell		
E-mail Address			
Employer Name			
Employer Address			
Are you a resident of the City of Anderson?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Are you a business owner in the City?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Are you a property owner in the City?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	

PERSONAL HISTORY
How long have you lived in the City of Anderson?
Tell us a little about yourself (interests, accomplishments, community involvement, etc.)

INSIGHT
What do you like most about the City of Anderson?
What do you think are the major challenges facing the City of Anderson?

What do you hope to learn as a participant in the Citizens Academy?
How will our community benefit from your participation in the Citizens Academy?

APPLICANT PERSONAL COMMITMENT	
<p>If selected, I will devote the time necessary to meet graduation requirements. If chosen, I will attend at least six (6) of the eight (8) sessions.</p> <p>With the knowledge gained through the Citizens Academy program, I will act as an ambassador for the City of Anderson through my interactions with other City residents.</p>	
Signature	Date

PLEASE RETURN COMPLETED APPLICATION TO:
<p>Erin Fann, Neighborhood Coordinator City of Anderson 401 South Main Street Anderson, SC 29624</p> <p>Phone: (864) 231-2229 Fax: (864) 231-7627</p> <p>E-mail: ehall@cityofandersonsc.com</p>

DEADLINE FOR APPLICATION: MARCH 22, 2010
