



DESOTO  
**Junior Civic  
Academy**

Applicant Contact Information:

Applicant Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email \_\_\_\_\_

Parent Contact Information:

Parent or Guardian's Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email \_\_\_\_\_

School Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Age: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

Applicant Questions:

Extracurricular activities: \_\_\_\_\_

\_\_\_\_\_

\_ Why do you want to be a part of this program?

\_\_\_\_\_

\_\_\_\_\_

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How do you expect to benefit from this program? \_\_\_\_\_

\_\_\_\_\_

What do you think are the two most significant challenges facing the DeSoto area?

\_\_\_\_\_

\_\_\_\_\_

What do you consider your biggest accomplishment so far?

\_\_\_\_\_

\_\_\_\_\_

What are your post-graduation goals? \_\_\_\_\_

\_\_\_\_\_

List your volunteer experience: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Important Notes:**

\* Please be advised that reliable transportation is required for this program.

\* Applications are due by July 10, 2020

\* Notification of Acceptance will be made by August 7, 2020