

SPRING 2020 APPLICATION

Full Name			
Email Address			
Primary Phone Number			
Secondary Phone Number _			
Mailing Address			
Community of Residence or	Neighborhood Group Aff	liation	
Please provide a brief descrip	otion of your interest and	motivation for app	ying.
We want to ensure the Citize local planning and land use p		uips a diverse group	o of Greenvillians with
Please specify your ethnicity	: White/Caucasian Asian/Pacific Islander		☐ Black/African American☐ Prefer Not to Say
Please specify your age:	<u> </u>	30-39	40-49
	<u> </u>	60 or Older	Prefer Not to Say
Invitations will be extended k	peginning February 12, 20	20 to applicants se	ected to enroll in the
Spring 2020 Citizens Plannin	g Academy. If selected to	enroll in the Citizer	ns Planning Academy, I
agree to pay the \$35 fee and	attend all four sessions.		
☐ I agree.	This cost is prohibition reverse.)	ve. (If yes, see schol	arship application
Signature		Date	





SCHOLARSHIP INFORMATION

If selected to participate in the Spring 2020 Citizens Plannin circumstances do not allow me to enroll without a scholarshi	
☐ I hereby certify that the above statement is true and corr	ect to the best of my knowledge.
Full Name	
Email Address	
Primary Phone Number	
Secondary Phone Number	
Mailing Address	
Signature Date	