

FALL 2019 APPLICATION

Full Name _				
Email Addre	ess			
Primary Pho	one Number			
Secondary	Phone Number			
Mailing Add	ress			
Community	of Residence or N	eighborhood Group Affi	liation	
Please prov	ide a brief descrip	tion of your interest and	motivation for appl	ying.
We want to	ensure the Citizen	ıs Planning Academy equ	uips a diverse group	o of Greenvillians with
local planni	ng and land use po	olicy knowledge.		
Please spec	ify your ethnicity:	 White/Caucasian Asian/Pacific Islander 		Black/African American Prefer Not to Say
Please spec	ify your age:	☐ 18-29☐ 50-59	☐ 30-39 ☐ 60 or Older	40-49Prefer Not to Say
the Fall 201	9 Citizens Planning	eginning September 18, 2 9 Academy. If selected to 35 fee and attend all fou	enroll in the Fall 20	
Signature			Date	
<u> </u>	upstateforever.org			64) 250-0500



SCHOLARSHIP INFORMATION

If selected to participate in the Fall 2019 Citizens Planning Academy, my financial circumstances do not allow me to enroll in Fall 2019 without a scholarship to cover the \$35.00 program fee.

I hereby certify that the above statement is true and correct to the best of my knowledge.

Full Name	
Email Address	
Primary Phone Number	
Secondary Phone Number	
Mailing Address	
Signature	Date





(864) 250-0500