

2025-2026 Brandon Mayor's Youth Council Application

Thank you for your interest in the Mayor's Youth Council. Please complete and return this application. Completed applications can be hand delivered to Brandon Municipal Complex, 1000 Municipal Dr., or mailed to Mayor Butch Lee, C/O MYC Post Office Box 1539, Brandon, MS 39043.

Each application must be accompanied with **two letters of recommendation and a nonreturnable picture**. **Letters of recommendation and Applications must be turned in together**. The 2025-26 Council will be announced in late July. If you have questions concerning the application, contact Barrie Smith at 601.825-5021 ext 461 or bsmith@brandonms.org. **Application must be submitted by July 31th, 2025.** Any application turned in after the deadline will be automatically declined of membership.

Name: _____ Grade Entering: _____

Address: _____ Age: _____

School: _____ Cell: _____

Student's Email: _____ Shirt Size: _____

Mother: _____

(Name)

(Cell Phone)

(Email Info)

Father: _____

(Name)

(Cell Phone)

(Email Info)

Have you served on MYC before? If yes, how many years? _____

I live in ward _____. My alderman/woman is _____

Students must maintain a 3.0 GPA. What is your current accumulative GPA? _____

- 1) Students must be at least a entering freshman.
- 2) Entering Seniors must have been a member of MYC for at least one prior year to apply.
- 3) **On a separate sheet of paper**, please type an essay detailing **A.)** Why are you interested in being a part of Mayor's Youth Council and **B.)** If you were to create your own service project for our community, whether in collaboration with another organization or not, what would your service project be and how would you make the event possible?
- 4) I understand that is an honor to be a part of Mayor's Youth Council. I agree to always conduct myself as a representative of the City of Brandon and dress accordingly.
- 5) I understand that I am required to meet the agreed minimum yearly requirements to attend the Awards Ceremony and to continue membership in the Mayor's Youth Council.

Student Signature

Date

Parent/Legal Guardian Signature. I give my permission for the above applicant to seek a position on the Mayor's Youth Council and I have read and understand the commitments required for the council.

Parent Signature

Date