



City of Kennesaw

Government 101: Kennesaw Government Academy Application Form

Asterisk (*) indicates required field.

Those who are running for office are ineligible to participate.

APPLICANT INFORMATION (PLEASE PRINT OR TYPE)

*NAME (LAST, FIRST, MIDDLE)		*DATE	
*ADDRESS		*CITY	*ZIP CODE
*TELEPHONE	MOBILE	*EMAIL	
*SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	*BIRTHDATE	Reside within City Limits?	
*OCCUPATION	*NAME OF EMPLOYER/SCHOOL	*BUSINESS PHONE	
*HOW LONG HAVE YOU LIVED AND/OR WORKED IN KENNESAW? 1. Lived in Kennesaw _____ years _____ months 2. Worked in Kennesaw _____ years _____ months			

***1. EDUCATIONAL BACKGROUND:** Please tell us about your educational background, including the highest level of education you completed.

Feel free to type your answers and attach them to your application.

***2. CIVIC ACTIVITIES:** Please include any present or past membership on city or county committees, commissions, boards or participation in the activities of community groups or organizations.

Feel free to type your answers and attach them to your application.

***3. YOUR INTEREST: Why are you interested in attending Government 101?** Please include what you would like to learn from the academy as well as what you would like to share. Please also include any qualifications/special interests you believe may assist you or others in this academy.

Feel free to type your answers and attach them to your application.

***4. HOW DID YOU FIND OUT ABOUT *GOVERNMENT 101: KENNESAW GOVERNMENT ACADEMY*?** If applicable, please include in this section any organization that nominated you to participate in this academy.

Feel free to type your answers and attach them to your application.

5. HAVE YOUR PREVIOUSLY PARTICIPATED IN OTHER TYPES OF CITIZENS

ACADEMY? Please include all other Citizens Government Academy or similar types of academies you have attended, including the name of the academy and the year you participated.

Feel free to type your answers and attach them to your application.

Name of Academy: _____

Year Participated: _____

Name of Academy: _____

Year Participated: _____

Name of Academy: _____

Year Participated: _____

***CLASS ATTENDANCE**

The Government 101: Kennesaw Government Academy is an accelerated program with a full agenda each class session. Missing the introductory class(es) will result in a significant gap in the education process of the academy. I understand that participants need to attend ALL classes to receive certificates of graduation.

I _____ acknowledge that I am able to attend all class sessions as scheduled. I understand that if I miss more than one class I may be removed from the academy.

SIGNATURE OF APPLICANT

DATE

PRINT FULL NAME

Please email completed applications to mjones@kennesaw-ga.gov

Thank you for your interest. We look forward to your participation.

GOVERNMENT 101: Kennesaw Government Academy

Contact Information Form for Course Participants

General Information

Participant Name: _____

Address: _____

Telephone #: _____ Date of Birth: _____

Emergency Contacts

1st Contact: _____

Address: _____

Telephone #: _____ Relationship: _____

2nd Contact: _____

Address: _____

Telephone #: _____ Relationship: _____

Signature

Date

Verified by: _____

Course Term: _____