



***Kennesaw 101:
The Citizens Government Academy
Application Form***

Program meets weekly on Tuesdays from
6:00-8:00 PM starting September 13
through October 25, 2022.

Those who are running for office are ineligible to participate.

APPLICANT INFORMATION (PLEASE PRINT OR TYPE)

Asterisk (*) indicates required field.

| | | | |
|--|------------|-----------------------------|-----------|
| *NAME (FIRST AND LAST) | | *DATE | |
| *ADDRESS | | *CITY | *ZIP CODE |
| *PHONE NUMBER | *EMAIL | | |
| *SEX <input type="checkbox"/> Male <input type="checkbox"/> Female | *BIRTHDATE | *Reside within City Limits? | |
| *OCCUPATION | | *NAME OF EMPLOYER/SCHOOL | |
| *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.

***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.

***3. YOUR INTEREST: Why are you interested in attending Kennesaw 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.

***4. HOW DID YOU FIND OUT ABOUT KENNESAW 101?**

If applicable, please include in this section any organization that nominated you to participate in this academy.

5. HAVE YOU PREVIOUSLY PARTICIPATED IN OTHER TYPES OF CITIZEN

ACADEMIES? 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.

Name of Academy: _____

Year Participated: _____

Name of Academy: _____

Year Participated: _____

Name of Academy: _____

Year Participated: _____

***CLASS ATTENDANCE**

The Kennesaw 101: Citizens 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 jfriedrich@kennesaw-ga.gov by August 26th. ***Thank you for your interest. We look forward to your participation.***