



Congressman Larry Kissell (NC-08)

Application for the Congressional Youth Council

Full Name: _____ M ___ F ___ (check one)

Street Address: _____

City: _____ State: _____ Zip: _____ - _____

Telephone: (home) (____) _____ (cell) (____) _____

Email Address: _____ Date of Birth: _____

Alternative E-mail: _____ If over 18, are you a registered voter? _____

Name(s) of Parents or Guardians: _____

Parent/Guardian Address (if different from above): _____

City: _____ State: _____ Zip: _____ - _____

Name of High School: _____

Cumulative High School GPA: _____ Year of Expected Graduation: _____

Rank in Class: _____ Total # in Class: _____

What topics and/or speakers would interest you the most? _____

Do you have any relatives who are federal, state, or city employees or serve the public in an elected capacity? (If so, please list.)

Applicant Signature: _____ Date: _____

Please return this application in person or via mail to:

Mallory Morris • Office of Congressman Larry Kissell
325 McGill Avenue, Suite 501 • Concord, North Carolina 28027

You may also submit your application via fax at (704) 782-1004. **Applications must be submitted by July 10th.**

If you have any questions, please contact Mallory Morris in the Concord District Office at mallory.morris@mail.house.gov or (704) 786-1612.