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| Name |  | | | | | | | | | | | | | | | | | | | | | | | Male  Female | | | | | | | | | |
| (First) | | | | | | | | (MI) | | | | (Last) | | | | | | | | | | | |  | | | | | | | | | |
| Address | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
|  | | | | (Street/P.O. Box) | | | | | | (City) | | | | | | | | | | | | | | (State) | | | | | | | | (Zip) | |
| Primary Phone | | | | | |  | | | Cell Phone | |  | | | | | | | | | | | | School | | | | | | |  | | | |
| Email | |  | | | | | | | | | | | | | | | | | Grade | | | | | |  | | | GPA | | | | |  |
|  | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| **The information requested below is optional (you may choose more than one):** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| White (Non-Hispanic) | | | | | | | | | | | | | Asian or Pacific Islander | | | | | | | | | | | | | | | | | | | | |
| Black (Non-Hispanic) | | | | | | | | | | | | | American Indian or Alaskan Native | | | | | | | | | | | | | | | | | | | | |
| Hispanic (Mexican, Puerto Rican, Cuban, Central, or   South American or Spanish origin regardless of race | | | | | | | | | | | | |  | | | |  |  | | | | | |  | | |  | | | | | | |
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| Do you live inside the Winterville Town limits? | | | | | | | | | | | | | Yes | | | |  | No | | | | | |  | | |  | | | | | | |
|  | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | |
| List activities you have been involved in (school, church, community, etc.) | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
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| List hobbies | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| List achievements/honors (school, church, community, etc.) | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
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| Why you would be a good candidate for this Council? | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
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| What visions and/or goals do you have for this Council? | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
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| Have you been suspended from school in the past year? | | | | | | | | | | | | | | | | Yes | | | |  | | No | | | |  | | | | |  | | |
| If yes, explain | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | |



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