

**CITY OF SALINE**  
**STUDENT APPLICATION FOR THE ARTS & CULTURE AND COMMITTEE**

Thank you for your interest in serving on the Saline Arts & Culture Committee. The purpose of this application is to provide the City with basic information about students considered for membership. Please submit your application to the office of the City Clerk, 100 N. Harris Street, Saline, MI 48176. Alternatively, the form may be emailed to [abloom@cityofsaline.com](mailto:abloom@cityofsaline.com), SUBJECT: A&C Student Rep. The file of applications received is open for public inspection upon request.

NAME: \_\_\_\_\_  
(Last, First, Middle Initial)

ADDRESS: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE # \_\_\_\_\_ CELL PHONE # \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

DO YOU RESIDE IN THE SALINE AREA SCHOOL DISTRICT ? \_\_\_\_\_

IF YES, CURRENT SCHOOL (if not, you are ineligible for membership):  
\_\_\_\_\_

List any community service experience (past and/or present) :  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any related Arts Experience (please give dates): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any commitments that would prohibit/limit your attendance of regular meetings:  
\_\_\_\_\_  
\_\_\_\_\_

Please provide other relevant information (memberships, associations, etc.):  
\_\_\_\_\_  
\_\_\_\_\_

What interested you to apply to serve on the Arts & Culture Committee:  
\_\_\_\_\_  
\_\_\_\_\_

Please list faculty members/art instructors submitting references on your behalf (you only need one):  
\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_