

# Town of Dallas Mayor Student Council Application

**Application Period: July 1<sup>st</sup> – July 31<sup>st</sup>**

***Application Deadline: August 4<sup>th</sup>, 2026***

The Town of Dallas Mayor Student Council (MSC) serves as an official youth advisory board to the Mayor and Board of Aldermen. The MSC provides students with opportunities to develop leadership skills, promote civic engagement, and participate in community service and local government initiatives.

If you are interested in serving on the Mayor Student Council, please complete and submit this application. Completed applications should be submitted by mail or email. Acceptance letters will be sent out in August, after the application deadline.

Mail to:

Town of Dallas Attn: Lindsey Tysinger

210 N. Holland Street

Dallas, NC 28034

Email: [ltysinger@dallasnc.net](mailto:ltysinger@dallasnc.net)

## **Applicant Qualifications:**

- Must be a student in grades 9–12 at the time of the application (2026-2027 school year)
- Must be a resident of the Town of Dallas OR attend a school located within Dallas
- Must be willing to attend meetings, events, and activities
- Must demonstrate positive behavior, leadership, and community involvement

## **Applicant Information**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_

Grade (Upcoming School Year): \_\_\_\_\_ Graduation Year: \_\_\_\_\_

Home Address: \_\_\_\_\_

Student Phone: \_\_\_\_\_ Parent/Guardian Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

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## Commitment & Participation

The MSC meets monthly (first Monday, 5:00 PM, October–May) and participates in additional service projects and community events throughout the year. Members shall serve one-year terms, renewable upon reappointment.

### *Please check all that apply:*

- I am willing to attend meetings and participate in MSC activities
- I am interested in community service and leadership opportunities
- I have reliable transportation to attend meetings and events
- I was asked to apply for a position on the MSC

By whom: \_\_\_\_\_ Their position: \_\_\_\_\_

Their organization: \_\_\_\_\_

## Interest & Involvement

How did you hear about the Mayor Student Council?

- Town Website / Social Media
- School
- Friend / Family
- Current MSC Member
- Other: \_\_\_\_\_



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4. What leadership qualities or skills would you bring to the MSC?

5. If you could improve or add one thing in the Town of Dallas for youth, what would it be?

## References

Please list two adult references who are not related to you, and their phone numbers. One should be from your school (principal, guidance counselor, teacher or coach), and one from a community leader who is familiar with you. Attach a letter of recommendation from each individual. The letter must be no more than one page in length and preferably typed.

Please list two (2) adult references (not related to you):

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

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## Acknowledgment

*I acknowledge that I have read and understand the Mayor Student Council By-laws and the commitment required to serve on the Town of Dallas Mayor Student Council (MSC). I understand that the Council serves in an advisory capacity and requires active participation, respectful conduct, and regular attendance. I understand that failure to attend three consecutive meetings without a valid excuse may result in removal from the Council. I agree to uphold the principles of teamwork and cooperation and to comply with all Town policies and MSC expectations. I further understand that school disciplinary actions may affect eligibility to serve on the MSC pursuant to the By-Laws.*

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*\*By-laws can be found on the Town of Dallas's website or obtained from the Office of the Mayor, or the Town Clerk's office.*

## Parent / Guardian Permission

I give my permission for \_\_\_\_\_ to apply for and participate in the Town of Dallas Mayor Student Council.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Emergency Contact Information

**Name:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Phone 1:** \_\_\_\_\_ **Phone 2:** \_\_\_\_\_

## *(Internal Use Only)*

*Date Received:* \_\_\_\_\_

*Reviewed by:*

Clerk       Mayor       Town Manager

*Interview Scheduled:* \_\_\_\_\_

*Appointment Status:*  Approved     Not Approved