

Youth Parliament 2006 Student Application Form

Legislative Assembly of the NWT

Please complete and fax to: (867) 873-0222 by March 26th PLEASE print clearly

First Name:		Last Name:				
Age:	Date of Birth:		Please circle one:	Male	Female	
Complete Mailing Address:						
Postal Code:		Phone:				
E-mail addres	s:					
Grade: Nam		Name of School:	ame of School:			
Name of your Member of the Legislative Assembly (MLA):						
How long have you lived in the Northwest Territories?						
What Languages do you speak?						
Personal interests:						
Future goals:						
On another sheet of paper, answer the following question:						
Why should you be selected to attend the Youth Parliament in Yellowknife? (fax with this form)						
Parental Consent: Do you have consent from your parent/s or guardian/s to attend the Youth						
Parliament in Yellowknife? Yes No						
If yes, please print the name of one parent or guardian:						
and have him/her sign here:Phone:						

You can also apply on-line at www.assembly.gov.nt.ca/YouthParliament