

**SPRING CHARLES CITY COUNTY NEIGHBORHOOD COLLEGE APPLICATION**

Applicants must be at least 18 years of age and live or work in Charles City County. Incomplete applications will not be considered.

**Please PRINT clearly or TYPE.**

Name \_\_\_\_\_

Street Address City Zip \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_ Occupation (Optional) \_\_\_\_\_

How long have you lived in Charles City County? \_\_\_\_\_

How did you hear about Neighborhood College? \_\_\_\_\_

Why do you want to participate in Neighborhood College? \_\_\_\_\_

\_\_\_\_\_

Have you participated in on a Charles City County board or commission or belonged to a neighborhood association or other similar organization? If so, please provide details.

Please tell us one interesting fact about yourself! \_\_\_\_\_

\_\_\_\_\_

If you are selected to attend Neighborhood College, you are strongly encouraged to attend all classes to fully benefit from the program. If you are unable to attend all classes, please do not apply at this time.

Will you be able to attend a two-hour class, once a week, for eight weeks?    Yes,    No

o   Photos

Photos may be taken during Charles City County Neighborhood College classes. These photos may be used in Charles City County publications, print and electronic promotional materials, such as newsletters, brochures, PowerPoints, and website articles.

Do you give the County of Charles City permission to use photos of you in promotional materials?

\_\_\_\_ Yes    No

Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\*

**CONTACT: Peggy J. Sullivan 804-652-4707, Email: [psullivan@charlescityva.us](mailto:psullivan@charlescityva.us)**

**Mail: Community Development Dept. P.O. Box 66, Charles City, VA 23030**