# BROADVIEW YOUNG SCHOLARS PROGRAM

**Application Form – 2025-2026 School Year**

## About the Program

The **Broadview Young Scholars Program** is a mentoring initiative created by Mayor Katrina Thompson to inspire and equip the next generation of Broadview leaders.

The program offers:

- **Civic Engagement:** Learn how local government works and participate in decision-making discussions.
- **Community Initiatives:** Take part in projects that make a positive impact in Broadview.
- **Academic Support:** Receive guidance to help you excel in school.
- **Career Pathway:** Gain the opportunity to work for the Village of Broadview starting at age 14.

**Program Schedule:**

- Starts at the **beginning of the school year and we follow the Lindop School Calendar**
- Meets **every Wednesday** after school from **2:30 PM – 4:30 PM**

**Eligibility Requirements**

- Must be a **Broadview resident**
- Must be a **7th or 8th grade student** during the 2025-2026 school year
- Must commit to full participation in the program
- Transportation is not included

## STUDENT INFORMATION

**Full Name:** _____
**Date of Birth:** _____ **Age:** _____
**Home Address:** _____
**City/State/Zip:** _____
**School Name:** _____
**Grade (Circle One):** 7th | 8th
**Student Phone (optional):** _____
**Student Email (optional):** _____

## PARENT/GUARDIAN INFORMATION

**Full Name:** _____
**Relationship to Student:** _____
**Phone Number:** _____
**Email Address:** _____

## EMERGENCY CONTACT (if different from above)

**Full Name:** _____
**Phone Number:** _____

## STUDENT INTERESTS & COMMITMENT

**1. Why do you want to join the Broadview Young Scholars Program?**

_____
_____

**2. List any community service, leadership, or extracurricular activities you have participated in:**

_____
_____

**3. What skills or qualities will you bring to the program?**

_____
_____
_____

## PROGRAM EXPECTATIONS

As a participant, I agree to:

- Attend all scheduled meetings and activities unless excused
- Participate respectfully and responsibly in all program events
- Represent the Village of Broadview positively at all times

**Student Signature:** _____ **Date:** _____
**Parent/Guardian Signature:** _____ **Date:** _____

## PHOTO/VIDEO RELEASE

I grant permission for my child's name, image, and likeness to be used in program-related photos, videos, and promotional materials for the Village of Broadview.

**Parent/Guardian Signature:** _____ **Date:** _____

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**Return completed applications to:**
Village of Broadview – Mayor's Office
2350 S. 25th Ave, Broadview, IL 60155
Email: ssierra@broadview-il.gov
Phone: 708-681-3600