

SOMERS YOUTH LEADERSHIP COUNCIL



Nomination Form

Applicant Name: _____

Address: _____

Phone: _____ School: _____

Grade: _____ Email address: _____

Parent/Guardian name: _____

Parent/Guardian phone number: _____

Parent email: _____

Nominator Information: (Name and Phone)

Tell us about youth (or yourself) and why they would be a good fit for YLC:

If you are self-nominating, please provide 3 references with their name, phone number and email. (They cannot be related to you!)

Please submit application to Aiden Matthews at aconnors@somersct.gov or
mail to
619 Main Street Somers, CT 06071

Call (860) 265-7551 with any
questions or email Aiden at
aconnors@somersct.gov