

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ email \_\_\_\_\_

Are you a Bellevue resident?  Yes  No      Do you work in Bellevue?  Yes  No

**Optional:**

Gender \_\_\_\_\_

Age \_\_\_\_\_

Ethnic background \_\_\_\_\_

Neighborhood \_\_\_\_\_

I am requesting financial assistance \_\_\_\_\_

Why are you seeking admission to this program?

How do you hope to utilize your experience for the benefit of the community?

*If admitted, I commit to attend a minimum of 80% of the scheduled sessions*

Applicant Signature \_\_\_\_\_

Submit your application by August 1, 2013 as a PDF to [jellenhorn@bellevuewa.gov](mailto:jellenhorn@bellevuewa.gov) or mail to:



**City of Bellevue**  
**Neighborhood Outreach**  
450 110th Ave NE  
Bellevue, WA 98004