



2017 Matthews 101 Application Form
(Please print)

Name: _____

Address: _____

Neighborhood: _____

Phone: _____ Email: _____

Occupation: _____

Age: _____ Sex: _____

How long have you lived in Matthews? _____

Business, civic and/or volunteer experience: _____

What areas of town government are of particular interest to you? _____

Briefly state why you are interested in and want to participate in Matthews 101: _____

Will you be able to attend two hours of class on Thursday evenings (6:30 p.m. – 8:30 p.m.) for seven consecutive weeks? _____ If not, why not? _____

How did you hear about Matthews 101? _____

Class size will be limited to 20 participants to allow for maximum interaction and discussion. Selection and notification will be completed by the end of August.

Applicant signature: _____ Date: _____

Return completed application to:

Maureen Keith
232 Matthews Station St.
Matthews, NC 28105

or

fax to: 704-845-1964

email to: mkeith@matthewsnc.gov