



City University

2016 CLASS APPLICATION

Name:		
Mailing Address:		
City:	State:	Zip:
Phone Number:	Email Address:	
I am a resident of Port St. Lucie.		Yes No
I am a business owner/professional in Port St. Lucie.		Yes No
Tell us a little about yourself (past employment, organizations in which you are, or have been active and special interests):		
Please tell us why you would like to participate in City University:		
How did you hear about City University?		
Shirt size:	<input type="checkbox"/> Male	S M L XL 2XL
	<input type="checkbox"/> Female	
Is there anything specific that you wish to learn during your time in the program?		
Additional comments:		

Applicant's Personal Commitment

If selected, I will attend at least five (5) of the six (6) sessions. I will continue to stay involved in city government to the best of my ability and act as an ambassador by sharing my knowledge with other Port St. Lucie citizens.

Applicant's Signature: _____ Date: _____
(parent/guardian if under 18 years old)

Please send your completed application to:

City of Port St. Lucie
C/O Anna Marie Colonnese
121 SW Port St. Lucie Blvd
Port St. Lucie, FL 34984

Fax: (772) 871-5185

Questions? Call (772) 873-6312 or e-mail acolonnese@cityofpsl.com

www.cityofpsl.com