



PLEASE COMPLETE FOR THE 2023 AROOSTOOK CIVIC ACADEMY

Name: _____ Nickname, if preferred: _____ Age: _____
Home Address: _____
Phone Number: _____ Email Address: _____

PLEASE ANSWER THE FOLLOWING 5 QUESTIONS

How did you learn about the Aroostook Civic Academy?

Why are you interested in being part of this program? What do you hope to achieve/learn?

How are you currently engaged in your community, county, or state? In what ways would you like to be more involved in your community, county, or state?

What aging-related issues impact you, your family, and your community, county, or state?

If you were able to change something in your community, county, or state to make it a better place to age, what would it be? How would you go about making that change?

