



**Career Ambassadors Program
Membership Application**

PLEASE PRINT CLEARLY

____ New Applicant

____ Returning Ambassador

Date: / /

Birth Date: / /

Name:

First

Middle

Last

E-mail Address:

Mailing Address:

City:

State:

Zip:

Phone: (Local)

(Cell)

Major:

GPA:

Grad Date:

Classification: (Check the following that apply)

- | | |
|-------------------------------------|---------------------------------------------------------|
| <input type="radio"/> Freshman | <input type="radio"/> Grad Student 1 st Year |
| <input type="radio"/> Sophomore | <input type="radio"/> Grad Student 2 nd Year |
| <input type="radio"/> Junior | <input type="radio"/> Grad Student 3 rd Year |
| <input type="radio"/> Senior | <input type="radio"/> Grad Student 3+ Years |
| <input type="radio"/> Other - _____ | |

What will you gain from participating in this program?

What will you bring to the program that will benefit your fellow Ambassadors?

Are you interested in running for any office within the Ambassador Program? Please check all that apply:

____ **President** ____ **President Elect** ____ **Secretary** ____ **Treasurer**

*** In addition to this application, one letter of recommendation from a DSU faculty, staff member, or high school teacher must be submitted via mail, fax, or email.

By signing this form, I verify that the above information is correct.

Signature: _____ **Date:** _____