HILL BROWNERS		The University of Akron Student Ambassadors Membership Application	
Applicant Information:			
Full Name:	Last Name First Name	М.І.	Date:
Address:	Street Address		Apartment/Unit #
	City	State	Zip Code
Phone:		Email:	
Student ID:			
Education:			
High School			
From <u>:</u>	To:		
College:	Ma_	jor/Degree:	
From <u>:</u>	Expected Graduation Dat	e: (GPA:
Other:		GPA:	
From <u>:</u>	To: Did you gi	Yes No raduate? 🗌 🔲 [Degree:

Questions:

- 1. The primary role of being a Student Ambassador is representing The University of Akron's campus by greeting and conversing with government officials, dignitaries, alumni, and prospective students during University sponsored education and social events. What excites you about interacting with these types of individuals and educating them about all that UA has to offer?
- 2. List any organizations that you are involved in on campus and your role within these organizations.
- 3. The Student Ambassadors expect its members to make the organization a priority. How do you successfully balance your schoolwork, your involvement on campus, and your personal life?
- 4. The Student Ambassadors are looking for committed leaders, outstanding students, public speakers, and dedicated volunteers. What will you contribute to the Student Ambassadors?
- 5. How did you hear about The University of Akron Student Ambassadors?
- 6. Please include an updated copy of your resume in your application.

References:

A recommendation from a faculty/staff member is optional but *not required*. All materials are due via email to ambassadors@uakron.edu by Monday, March 28, 2022.

Full Name: Email:

Department: ______Phone: ______Phone: ______Phone: ______Phone: ______Phone: ______Phone: ______Phone: ______Phone: _____Phone: ______Phone: ______Phone: _____Phone: ______Phone: _____Phone: ____Phone: ____Phone: _____Phone: ____Phone: ____Phone: _____Phone: ____Phone: _____Phone: _____Phone: ____Phone: _____Phone: ____Phone: _____Phone: _____Phone: _____Phone: _____Phone: ____Phone: ___Phone: ____Phone: ____Phon

Disclaimer and Signature:

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to membership. I understand that false or misleading information in my application or interview may result in not becoming a member.

Signature: Date: