



PLEASE READ:
 This application is a fillable PDF form, complete and submit as a typed document.

Student Application

Ambassadors are required to complete fifteen (15) total hours or of service per year from September 1 through August 31. Mandatory events are new student orientation and commencement. Five (5) of the fifteen (15) hours will be dedicated to community/volunteer service.

Students applying must provide an application, and 2 letters of reference from past or present faculty.

Student Information

Full Name: _____ Student ID: _____
First Last Suffix

Department: _____ Expected Grad Term: _____

Cell Phone: _____ Email _____

Current Address: _____
Street Address Apartment/Unit #

_____ City State ZIP Code

Do you have reliable transportation? YES NO

Are you currently in good standing with UTMB/SHP and free from any disciplinary warning, probation or suspension? YES NO

If no, explain: _____

Are you fluent in a language other than English? YES NO

If yes, list: _____

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

QUESTIONNAIRE

Please tell us why you want to become a Student Ambassador.

What qualities do you have that would make you a great ambassador?

What skills do you hope to acquire as a Student Ambassador?

Tell us why you chose UTMB and SHP as the college of your choice.

What are some issues that incoming students face academically and socially in their transition to UTMB?

List any special talents, abilities, or general interests you possess. Examples include: music, drama, writing, public speaking, athletics, etc.

Are you interested in serving an officer role in the Ambassador Society? YES NO

If yes, please indicate which position. Chair Co-Chair Social Chair Secretary

ACCOMPLISHMENTS

List your accomplishments. Examples include: honors, awards, scholarships, etc.

Honor/Award/Scholarship: _____
Received: _____ Other info: _____

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Received: _____ Other info: _____

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Received: _____ Other info: _____

Honor/Award/Scholarship: _____
Received: _____ Other info: _____

CLUBS/ ORGANIZATIONS/VOLUNTEERISM

List any clubs or organizations you are currently in on or off campus.

Name of club or organization: _____

From: _____ To: _____ Position: (ie: member, president, secretary): _____

Name of club or organization: _____

From: _____ To: _____ Position: (ie: member, president, secretary): _____

Name of club or organization: _____

From: _____ To: _____ Position: (ie: member, president, secretary): _____

Name of club or organization: _____

From: _____ To: _____ Position: (ie: member, president, secretary): _____

Name of club or organization: _____

From: _____ To: _____ Position: (ie: member, president, secretary): _____

References

Please list two faculty references.

Full Name: _____ Current or Former _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Current or Former _____

Company: _____ Phone: _____

Address: _____

Signature

On my honor, I affirm that the information provided on this application is, to the best of my knowledge, complete and truthful. I hereby request to be considered as a School of Health Professions Student Ambassador candidate, and I pledge, if chosen to serve, to abide at all times by the Standards of Conduct established for that group. I also understand that I am required to complete 15 hours of service in order to receive a stipend (amount to be determined annually) at the end of the fiscal year, provided I complete the required hours.

I understand that I must be a US Citizen to receive a stipend for completed service. YES NO

Signature: _____ Date: _____