



CT STATE ASNUNTUCK COLLEGE STUDENT AMBASSADOR APPLICATION

NAME _____ STUDENT ID# _____

PREFERRED NAME _____ CELL PHONE _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

CT STATE STUDENT EMAIL _____

BEST TIME TO CONTACT ME _____

FIRST SEMESTER AT CT STATE ASNUNTUCK _____ CURRENT CUMULATIVE G.P.A. _____

ACADEMIC MAJOR/PROGRAM _____

WILL YOU BE ABLE TO COMMIT TO ONE YEAR OF SERVICE? YES NO

ARE YOU WILLING TO PARTICIPATE IN ON-CAMPUS & VIRTUAL EVENTS? YES NO

STATEMENT OF INTEREST – REQUIRED, ONE PAGE MAXIMUM

Attach a response to the following question:

Why are you interested in serving as an Ambassador?

APPLICATION SIGNATURE

I hereby certify that all statements made on this application are true and correct to the best of my knowledge. I grant permission to an authorized representative of CT State Asnuntuck Community College to verify my student records for purposes of this application.

Signature _____ Date _____

Student Ambassador applications need to be submitted to: laura.hall@ctstate.edu by **January 31, 2025**. Late applications will not be accepted. All updates regarding your submitted application will be sent to your student email.