## LINDENWOOD UNIVERSITY

President's Ambassador Application 2020-21 Academic Year



Applicant Information	
Name	
Hometown (City and State)	
Year in school at the start of the Fall 2020 Semester	
Major	
Grad Year	
Cell Phone Number	
E-Mail Address	
Student Involvement	
	t with the University. i.e. clubs, teams, sororities, fraternities, etc.
Interest	
Tell us why you are interested team.	in being a President's Ambassador, and why you would be an asset to the

Special Skills, Qualifications, and Volunteer Work		
Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.		
Faculty/Staff Re		
Please obtain a Facult	y or Staff letter of recommendation to submit with this application.	
Faculty/Staff Membe	r Name	
Title/Department		
Agreement and	~	
By submitting this app	lication, I affirm that the facts set forth in it are true and complete.	
Name (printed)		
Signature		
Date		

## **Submission Details**

Application deadline is **Friday**, **March 20**, **2020**. Please submit your application to Nicole Sullivan via email at <a href="mailto:nsullivan@lindenwood.edu">nsullivan@lindenwood.edu</a> or bring to her office in the Library & Academic Resources Center Suite 325. You can also contact Nicole at 636-949-4900 if you have any questions. Thank you!