

**STUDENT AMBASSADOR APPLICATION**

Full Name: \_\_\_\_\_

Primary Contact Number: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Birthday: \_\_\_\_\_ Expected Graduation Year: \_\_\_\_\_

**EDUCATION**

Undergraduate School: \_\_\_\_\_

Graduate School(s): \_\_\_\_\_

**LEADERSHIP/COMMUNITY SERVICE**

List any organizations/clubs you have been active in as an undergraduate or medical student: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Achievements: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe why you want to become a Student Ambassador: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please return application to Andrea Horsman, [ahorsman@uga.edu](mailto:ahorsman@uga.edu) or Winnie Davis Hall Room 112.