



# Ambassadors



## PLEASE TYPE APPLICATION

Applicant must be in good academic standing with the College,  
Possess interpersonal skills and be committed to the College's mission.

### PLEASE PROVIDE A COMPLETE APPLICATION PACKET TO INCLUDE:

- A one-page typed essay about you and why your participation would complement the Lawson State Ambassador Program.
- A letter of reference from your high school advisor/counselor, business supervisor, an associate, pastor or friend.
- Official transcript from the Lawson State Office of Admission and Records.

SSN OR STUDENT ID \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_

NAME \_\_\_\_\_ BIRTH DATE \_\_\_\_\_  
LAST FIRST M.I.

ADDRESS \_\_\_\_\_  
STREET APT. No.

\_\_\_\_\_ CITY COUNTY STATE ZIP CODE

E-MAIL ADDRESS \_\_\_\_\_ CURRENT GPA \_\_\_\_\_

HIGH SCHOOL ATTENDED \_\_\_\_\_

HIGH SCHOOL ADDRESS \_\_\_\_\_

HIGH SCHOOL GRADUATION DATE \_\_\_\_\_ GPA \_\_\_\_\_

### TYPE OF DIPLOMA

SELECT ONE OF THE FOLLOWING:

- STANDARD DIPLOMA       ADVANCED DIPLOMA  
 CERTIFICATE             OCCUPATIONAL DIPLOMA       DID NOT GRADUATE

### COLLEGE(S) ATTENDED

NAME	CITY/STATE	DATES ATTENDED
_____	_____	_____
_____	_____	_____

LIST COMMUNITY/ SCHOOL RELATED LEADERSHIP POSITIONS, CLUB MEMBERSHIP AND HONORS RECEIVED \_\_\_\_\_

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

Students who serve as Ambassadors for Lawson State Community College serve as adjunct personnel to the Office of Public Relations and Community Affairs.

Applications will be accepted up until two weeks prior to beginning of each semester  
**NO EXCEPTIONS.**

**MEMBERSHIP IS A PRIVILEGE**

**HAVE YOU APPLIED FOR MEMBERSHIP PREVIOUSLY? YES \_\_\_ NO \_\_\_ IF YES WHEN \_\_\_\_\_ (YEAR)**

**VOLUNTEER EXPERIENCE**

**CURRENT EMPLOYMENT**

**PARENTS' NAMES AND ADDRESS**

**FAMILY NEED INFORMATION**

(This section is **OPTIONAL**. It is included only because certain scholarships are awarded based on financial need.)

**APPLY FOR FAFSA – (MANDATORY)?**     YES     NO

**FATHER'S OCCUPATION**

**MOTHER'S OCCUPATION**

**NUMBER OF YOUR PARENTS' DEPENDENTS**

**I, \_\_\_\_\_, grant permission to release information from my education and financial records to scholarship donors.**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**RETURN TO:  
OFFICE OF PUBLIC RELATIONS & COMMUNITY AFFAIRS  
LAWSON STATE COMMUNITY COLLEGE  
3060 WILSON ROAD  
BIRMINGHAM, ALABAMA 35221**

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**-FOR OFFICE USE ONLY-**  
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Reviewed By Committee \_\_\_\_\_

Student GPA \_\_\_\_\_

Approved

Denied

\_\_\_\_\_  
Committee Member

\_\_\_\_\_  
Committee Member

\_\_\_\_\_  
Committee Member

\_\_\_\_\_  
Committee Member