



**DAYTONA
STATE COLLEGE**

Student Ambassador Application

Name: _____ Student ID: _____
(Please Print)

Home Phone: _____ Cell Phone: _____

Email Address: _____
(Please Print)

Enrolled Academic Program: _____

Interested in: Spring Summer Fall

Please Circle One: This is my 1st, 2nd, 3rd, 4th, ____ semester at Daytona State College.

Extra-Curricular Activities:

Please explain why you feel you would make a great Student Ambassador.

I read and understand the qualifications to become a Student Ambassador. By signing this application, I agree to meet all of the qualifications. I understand that if at any time I fail to meet these qualifications, my Student Ambassador membership will be suspended and I will lose my scholarship eligibility.

Student Signature: _____ Date: _____

Please submit this form to **Mercedes Toala**, Building 100 Room 118 in the Admissions Office or by email: Mercedes.Toala@daytonastate.edu.