

College of Agriculture and Life Sciences Ambassador Application

Full Name: _____

Preferred Name: _____ Net ID: _____ Date of Birth: _____

Local Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

High School Attended: _____ Expected Graduation Date: _____

Are you a transfer student: _____ If yes, previous college: _____

GPA: _____ Classification: _____ Major: _____

Please answer the following questions, using additional pages if necessary.

What is your current CALS Involvement?

What is your current MSU or community involvement?

Why are you interested in becoming an ambassador?

What could you contribute to CALS Ambassador organization?

Are you a CALS Scholarship student?

Do you have any additional comments?

Please fill out this application and return it to:

**Allison North
Bost Extension Center
204C
662-325-0855
A.North@msstate.edu**

ALL APPLICATIONS ARE DUE BY 5 P.M. On Friday, March 10, 2017

****Must have a minimum 2.5 GPA to apply***