



# Student Ambassador Application

Email completed application to Leigh Ann Doyle at [students@dmawef.org](mailto:students@dmawef.org) or [leighann@pmgdirect.net](mailto:leighann@pmgdirect.net). For more information or if you have any questions, please call Leigh Ann at 410-290-0667.

(Please Print Clearly)

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Current Mailing Address:** \_\_\_\_\_

\_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email: (required)** \_\_\_\_\_

**College or University:** \_\_\_\_\_

**Major:** \_\_\_\_\_ **Graduation Year:** \_\_\_\_\_

**What extra-curricular activities do you participate in?** \_\_\_\_\_

\_\_\_\_\_

Your school has a reputation for having great graduates such as yourself. What makes you stand out from your peers? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Why do you want to be a DMAW/EF Student Ambassador?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**How did you find out the DMAW/EF Student Ambassador program? (If a professor referred you, please provide their name)** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **RELEASE and AUTHORIZATION**

I hereby authorize the Direct Marketing Association of Washington Educational Foundation (DMAW/EF) and its authorized representative(s), bearing the release or copy thereof, to share my information to appropriate parties in relation to Student Ambassador Activities such as the "Mentor for a Day Program."

I understand, also, that I am required to abide by all the rules and regulations of the Student Ambassador Program. This might include appropriate conduct in the role as a Mentee, if participating in the DMAW/EF's "Mentor for a Day Program".

\_\_\_\_\_  
Student Signature (Full Name)

\_\_\_\_\_  
Full Name (Printed)

\_\_\_\_\_  
Date