

IUP Ambassador Membership Application

Nominator (if applicable): _____

Name: _____
 First Middle Last

IUP Banner ID: @ _____

IUP Email Address: _____

College: (circle one)

Business Health and Human Services Education Fine Arts
Humanities and Social Sciences Natural Science and Mathematics

Major(s): _____ Minor(s): _____

Semester Standing (Fall 2017): _____

GPA: _____

Expected Graduation (month and year): _____

How many semesters will you be a full time student on the IUP campus after this spring semester? _____

Local Address: _____ Local Phone: _____

City State Zip code

Home Address: _____ Local Phone: _____

City State Zip code

Please list any current employment you have at college

Employer:

Hours per week:

Duties:

Please list any current involvement and positions you hold with IUP Organizations:

**Please type your response to the following questions on a separate sheet of paper.
Responses should not exceed one page. Please respond to BOTH questions.**

Other than your parents, describe the one person who has influenced you most and why?

If a prospective student or alumnus were to approach you about your experiences at IUP what would you like to tell them?

I verify that the information provided for the IUP Ambassadors application is true. I understand that if at any point in the application process any information is found to be false, I will be removed from consideration.

Signature

Date

Please return your completed application to the Office of Alumni Relations, located on the second floor of Breezedale Alumni Center by Friday, March 3rd at 4:30 P.M.