



CITY OF SAN ANTONIO  
**DEPARTMENT OF HUMAN SERVICES**

# Ambassador Program 2015 Application

(Submission Deadline: March 31, 2015 at 5 p.m.)

**Criteria for qualifying and instructions for submitting your application:**

- Applicants must have attended a San Antonio high school and/or be a permanent resident of San Antonio at the time of applying.
- Application must be complete, signed by the applicant, and accompanied by all requested attachments listed below:

- Proof of residence - utility bill or copy of mortgage/lease;
- Current official or unofficial college or university transcript with a 2.5 GPA or better;
- Current résumé;
- A minimum 250-word essay stating why you would like to participate in the Ambassador Program and include a description of your career goals.

**Please print or type.**

Name \_\_\_\_\_ SS#: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ City Council District: \_\_\_\_\_

Home Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

High School: \_\_\_\_\_ Year Graduated: \_\_\_\_\_

Name of College or University you are currently attending (**please attach transcript**):

\_\_\_\_\_

Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Are you a San Antonio Education Partnership Scholarship Recipient? Yes \_\_\_ No \_\_\_

Referred by \_\_\_\_\_ Title: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Parent or Guardian name(s): \_\_\_\_\_

Did either Parent/Guardian attend college? Yes \_\_\_ No \_\_\_

Are you the first in your family to attend college? Yes \_\_\_\_\_ No \_\_\_\_\_

Emergency contact name & phone #: \_\_\_\_\_

Do you have your own transportation? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you previously participated in the Ambassador Program? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, what year did you participate? \_\_\_\_\_

Are you available to work at least nine weeks? Yes \_\_\_\_\_ No \_\_\_\_\_

Topics of interest or hobbies: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please choose an area of interest for an internship placement. Use the numbers 1, 2 and 3 to indicate your first, second and third choice with 1 being your top pick.**

\_\_\_ General Business                      \_\_\_ Non-Profit or Community Service Agency

\_\_\_ Government (City, State or Federal)

\_\_\_ Self Arranged (Name & Contact # : \_\_\_\_\_)

(Optional) T-shirt/polo size: \_\_\_\_\_

(all Ambassadors will receive a shirt to be used at various community service activities)

*I understand that completion and submission of this application is necessary prior to consideration for placement in the Ambassador Program. I also understand that my application, including all attachments, **must be submitted by March 31, 2015 (no later than 5 p.m.) to:***

*Ambassador Program  
City of San Antonio Department of Human Services  
106 S. St. Mary's Street, 7<sup>th</sup> Floor  
San Antonio, TX 78205  
Attention: Victor Obevoen.*

\_\_\_\_\_

Student Signature

Date

**Please submit completed applications and attachments to:**

**Ambassador Program  
City of San Antonio Department of Human Services  
106 S. St. Mary's Street, 7<sup>th</sup> Floor  
San Antonio, TX 78205  
Attention: Victor Obevoen**

All applicants will be notified of selections. For additional information, please call (210) 207-2507.

**Thank you for your interest!**