



## Youth Ambassador Program Application Office of Congressman Andy Barr

### Personal Information

Full Name: \_\_\_\_\_  
Last First Middle

Mailing Address: \_\_\_\_\_  
Street Address City State Zip

Phone # (s): \_\_\_\_\_ | \_\_\_\_\_

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

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Parents/Guardians: \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_

Name of hometown newspaper: \_\_\_\_\_

### Emergency Contact Information

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Relationship: \_\_\_\_\_

### Education Information

Name of High School: \_\_\_\_\_ Grade: \_\_\_\_\_

High School Address: \_\_\_\_\_  
Street Address

City

State

Zip

Counselor's Name & Email: \_\_\_\_\_

## **Additional Requirements:**

### **Resume**

In the form of a resume, please describe all extra-curricular activities in which you have participated. Include school related activities as well as community or church-related activities. Also, please indicate any part-time work while in high school. Describe your responsibilities, as well as the number of hours per week in which you have worked.

### **Statement of Interest**

Please provide a 250-word personal response detailing why you hope to be a part of the Youth Ambassador Program.

### **Application Agreement**

Please read the following paragraph before signing the application, as your signature indicates your agreement with the following statements. If you do not include your signature, your application will not be considered.

I certify that the information I have provided in the application packet is accurate. I am enrolled in a school within the Sixth Congressional District of Kentucky or am a legal resident of the Sixth Congressional District of Kentucky. If selected to become a Youth Ambassador, I authorize the Office of Congressman Andy Barr to release my name and photo in a press release and other office media. If you are a minor, please ensure your parent/guardian also signs in the designated space below.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please send your completed application by mail, email, or fax by **February 17, 2025**, to:

Mail: The Office of Congressman Andy Barr  
Attn: Youth Ambassador Program  
2709 Old Rosebud Road, Suite 100  
Lexington, KY 40509  
Fax: (859) 219-3437  
Email: [mckinzii.todd@mail.house.gov](mailto:mckinzii.todd@mail.house.gov)

Applicants will be notified of acceptance or denial by email by **February 21, 2025**.

For questions or additional information please email McKinzie Todd Poe at [mckinzii.todd@mail.house.gov](mailto:mckinzii.todd@mail.house.gov)