



## 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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ Gender: Male / Female

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

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

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

Were you a participant in last year's Youth Ambassador Program? Yes / No

### Emergency Contact Information

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

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

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

### Education Information

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

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

City

State

Zip

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

Social Studies Teacher's Name & Email: \_\_\_\_\_

**Academic Information to be verified by Counselor or Principal:**

GPA: _____ Class Size: _____ Rank: _____  Class: Junior / Senior  <u>Test Scores</u> ACT Score Composite: _____ English: _____ Math: _____ Reading: _____ Science: _____  SAT Score (if applicable) Composite: _____ Math: _____ Writing: _____ Critical Reading: _____  Counselor/Principal Name: _____  Counselor/Principal signature certifying above education information:  _____  _____ Date:
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**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.

**Essay**

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 a legal resident of the 6th 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.

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

Please send your completed application by mail, email or fax by **September 12, 2016**, 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: ky6yamb@mail.house.gov

Applicants will be notified of acceptance or denial by email by **September 26, 2016**.

For questions or additional information please email Shelby Williams at ky6yamb@mail.house.gov