LSO STUDENT AMBASSADOR APPLICATION

2019-2020

PPERSONAL INFORMATION				
Applicant's Full Name:				
Applicant's Address:				
Applicant's Email:				
Applicant's Cell:				
SCHOOL INFORMATION				
School Attending in 2019-2020:				
Grade Level in 2019-2020:				
List school and community extracurric	cular activities:			
EMERGENCY INFORMATION				
List any allergies or medical conditions	s:			
Parent/Guardian Name:				
Cell:	Fmail:			

PERSONAL ESSAY

Submit a one page or less, double spaced, essay answering the following questions:

- 1. What do you hope to gain from this experience?
- 2. What are your strengths?
- 3. Why should you be selected as a Student Ambassador?

LETTER OF RECOMMENDATION

PARENT/GUARDIAN SIGNATURE

Submit a letter of recommendation from a person who is not a parent or legal guardian	of the
applicant (e.g., teacher, school counselor, principal, etc.).	

OR

Provide two reference	as with contact	information	Inama a	amail r	ahana i	numbar'
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l,	, as the legal guardian of,, give
not ho	ssion for him/her to volunteer as a Student Ambassador for the Lansing Symphony Orchestra. I do old the Lansing Symphony liable or responsible for any lost personal belongings or for any injury hay occur during his/her volunteer service and event participation.
	Please check each circle below
0	I will be responsible for providing reliable transportation to and from event venues when he/she is scheduled to volunteer and participate. I will be responsible for providing insurance and assuming responsibility for all injuries and expenses that may result while she/he is volunteering and participating in events. I understand that applying for the Student Ambassador Program does not guarantee selection.
PARE	NT/GUARDIAN PHOTO RELEASE CONSENT
Please	check one of the following
	othorize the Lansing Symphony Orchestra to publish any photos of my child while serving as a not Ambassador or attending LSO events.
	o not authorize the Lansing Symphony to publish any photos of my child while serving as a Student ssador or attending events.

DATE