



# Missouri Pork Association

## Ambassador Program Application



### **General Information:**

First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_ Last Name: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Birthplace: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### **High School Students:**

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

Grade: \_\_\_\_\_ Expected Graduation Date: \_\_\_\_\_

### **College Students:**

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

Current Major: \_\_\_\_\_

Current Minor: \_\_\_\_\_

Academic Advisor: \_\_\_\_\_

Expected Completion of Degree Date: \_\_\_\_\_

**Personal Information:**

List below academic honors, extra-curricular activities, offices held and interests.

List any agricultural related coursework.

List employment experience.

What are your tentative career plans?

What are the goals that you hope to gain from being the Missouri Pork Association Youth Ambassador?

I certify that the information given on this application is correct and I agree that if accepted, I shall abide by all standards and regulations as specified by the Missouri Pork Association.

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

**Please submit application, three letters of recommendation and a current transcript to:**

**Missouri Pork Association  
Diane Slater  
6235 West Cunningham Drive  
Columbia, MO 65202**

**Deadline: December 15, 2010**

**Selected students will be notified to schedule an interview.**