



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, 2011

Selected students will be notified to schedule an interview.