

STUDENT NURSING AMBASSADOR PROGRAM (SNAP)

UMDNJ SCHOOL OF NURSING

STUDENT AMBASSADOR APPLICATION

NAME: _____
(last) (first) (middle)

Student ID.#: _____

HOME ADDRESS: _____

PHONE #: _____
EMAIL ADDRESS _____

WORK ADDRESS: _____

PHONE #: _____
EMAIL ADDRESS _____

CURRENT LEVEL: _____

GPA: _____

I am applying as an:
(Please check one)

- Academic Ambassador
 Community Ambassador

List any community, on-campus, and/or university-related extracurricular activities in which you are involved that demonstrate your active participation and leadership qualities.

Complete the following statement in 200 words or less on the reverse side or typed on a separate sheet.

I am a good choice to serve in the STUDENT NURSING AMBASSADOR PROGRAM because.....

Date Received _____ Recommended for Interview _____ Date of Interview _____

Committee Recommendation _____ Dean's Recommendation _____

Return completed application to: UMDNJ, SN Student Ambassador Applications
Donita Walker, Director
Bergen Building, Center for Academic Success, Room 1124
Newark, New Jersey 07101-1709