St. Louis Park Parktacular Ambassador Scholarship Program Ambassador Candidate Application and Questionnaire

For use in publicity, presentations and judging. Please type or print clearly. All items MUST be completed.

Personal Information			
ameBirthdate			
Address			
	Zip Code		
Telephone number (home)	(cell)		
Email Address			
If over 18, please provide the following:			
Emergency Contact			
	(cell)		
If under 18, please provide the following:			
Parent/Guardian			
	(cell)		
Email Address			
	(cell)		
Email Address			
lf you are chosen as a St. Louis Park Parktacı	ular Ambassador, do you agree to commute to/from home lar Ambassador events/activities at your expense?		
Education			
High School	Graduation Year		
	Years Attended		
	eas Studied		
	Where?		
Work History			
Present Employer	Start Date		
Title and Responsibilities			
	Dates Employed		
Title and Responsibilities			
	Dates Employed		
Title and Responsibilities	· · · 		

Volunteer/Community/School Activities			
Interes	ets/Hobbies		
Social	Madia		
	indicate which social media accounts/profiles you currently use (if any)		
	Facebook: Account Name/URL		
	Twitter: Account Name/URL		
	Tumblr: Account Name/URL		
	Instagram: Account Name/URL		
	Other: Website and Account Name/URL		
	agree to use your social media to promote your candidacy and the St. Louis Park Parktacular		
	sador Program as required? Yes / No		
-	do not currently use social media, do you agree to create Facebook and Twitter accounts in order note your candidacy and the St. Louis Park Parktacular Ambassador program? Yes / No		
• •	Please answer both questions on a separate piece of paper and attach to this application) Why do you want to be a St. Louis Park Parktacular Ambassador?		
2)	Provide a one-page biographical sketch of yourself. Include all information relating to your family life, your role in the community, personal goals, friends, interests, etc. In addition, please include all information of past awards and honors.		
permis	plication/questionnaire will be given to our panel of judges. Submitting this application gives sion for our judges to discuss with you all information on this application. Falsifying information ult in termination as a candidate or, if chosen, as an Ambassador.		
Candid	ate Signature Date		
Candid	ate Name (print)		
Parent	/Guardian Signature (if candidate is a minor)		
Parent	/Guardian Name (print)		
Relatio	nship to Candidate Date		

Permission for Photographs Taken for the St. Louis Park Parktacular Ambassador Program

By signing this release form, I acknowledge that I am allowing myself to be in photographs taken for the St. Louis Park Parktacular Ambassador Candidacy Program. I approve knowing that my photo may be used, or may not be used, and that the decision will be made by the St. Louis Park Parktacular Festival Board and St. Louis Park Parktacular Ambassador Program Directors. I give my consent for the St. Louis Park Parktacular Ambassador Program to use my photograph for various uses by the organization including but not limited to online and printed materials.

I hold the St. Louis Park Parktacular Festival and the St. Louis Park Parktacular Ambassador Program harmless for any claims or damages based on the use of my photographs.

Candidate Signature		_ Date
Candidate Name (print)		
Telephone number (home)	(cell)	
Email Address		
Parent/Guardian Signature (if candidate is a minor)		
Parent/Guardian Name (print)		_ Date
Telephone number (home)		
Email Address		