



### Student Ambassadors Application

Applications are due November 1. Decisions will be announced by November 15.

**First Name** \_\_\_\_\_

**Last Name** \_\_\_\_\_

**Email Address** \_\_\_\_\_

**Phone Number** \_\_\_\_\_

**School Name** \_\_\_\_\_

**School District** \_\_\_\_\_

**Grade (circle) 7-8-9-10-11-12** \_\_\_\_\_

**GPA** \_\_\_\_\_

**Age** \_\_\_\_\_

### Parent/Guardian Information

**Parent First Name** \_\_\_\_\_

**Parent Last Name** \_\_\_\_\_

**Parent Email Address** \_\_\_\_\_

**Email Address** \_\_\_\_\_

**Parent Phone Number** \_\_\_\_\_

### Application

We recommend that you type your answers in another document first, then copy and paste them here.

**Why are you interested in becoming a SCT Ambassador?**

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**Please list the SCT programs in which you have participated.** EX: Into the Woods(Mainstage); Audition (Workshop)

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**Tell us what else you have done outside of SCT that will make you a great Ambassador.**

EX: Girl/Boy Scouts, captain of sports team, school government, etc.

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**Submit by email to [sctlberenis@gmail.com](mailto:sctlberenis@gmail.com) or mail to  
8 Lakewood Dr. SSNY 12866**