### Ben C. Rain Student Ambassador Application

***Part I***

Applicant Name Applicant Street Address

City/ Town

State

Zip

Applicant Home Phone \_ Cell Phone

Applicant’s E-Mail Address Parent’s Name Phone Number Parent’s Email Address\_ Current Grade Level GPA

### Part II

Which Academy are you enrolled?

 Signature Academy of Aviation and Aerospace (Aviation Technology/Aerospace Engineering)

 Academy of Information Technology (Business Management/ Marketing)

 Academy of Communication and Arts

 Leadership Academy

Have you successfully completed at least 1 academy course? yes Why did you choose this academy? -

 no

What do you like most about your academy?

What are your plans upon graduation?

What extra-curricular activities are you involved?

***Part III- Please submit the following documents with your application.***

A.) Most Recent Report card

B.) Teacher Recommendation Form C.) Essay

**Essay**

Briefly, describe your motivation for applying to become an ambassador, why you are the “right choice” and what you hope to gain from your participation.

### Teacher Recommendation Form

***The student listed below has applied to participate in Ben C. Rain’s Student Ambassador Progrom. Please assist us by completing this recommendation form. You may return it to the student or Amanda Prowell. Thank you for your time.***

***Student’s Name:***

***Teacher Providing Reference:***

***Please check in the appropriate column the factors for which you have adequate information for appraisal.***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | ***Excellent*** | ***Good*** | ***Fair*** | ***Poor*** |
| ***1. Ability to follow instructions*** |  |  |  |  |
| ***2. Demonstrates a level of maturity*** |  |  |  |  |
| ***3. Demonstrates dependability*** |  |  |  |  |
| ***4. Self- motivates*** |  |  |  |  |
| ***5. Demonstrates responsibility(directs energy towards task)*** |  |  |  |  |
| ***6. Demonstrates enthusiasm in performing assigned task*** |  |  |  |  |
| ***7. Strives for excellence*** |  |  |  |  |
| ***8. Punctual*** |  |  |  |  |
| ***9. Mentally alert( Organization/problem solving skills)*** |  |  |  |  |
| ***10. Personal appearance/grooming*** |  |  |  |  |
| ***11. Demonstrates integrity/honesty*** |  |  |  |  |
| ***12. Demonstrates optimism and self-respect*** |  |  |  |  |
| ***13. Demonstrates proper etiquette and manners*** |  |  |  |  |
| ***14. Capacity to try new ideas and increase knowledge*** |  |  |  |  |
| ***15. Attitude towards constructive criticism*** |  |  |  |  |
| ***16. Adapts to change*** |  |  |  |  |
| ***17. Cooperates well with others*** |  |  |  |  |
| ***18. Communication skills*** |  |  |  |  |
| ***19. Demonstrates attention to detail*** |  |  |  |  |
| ***20. Ability to set realistic goals*** |  |  |  |  |

**Do you recommend this applicant to become an Ambassador?** □ Yes □ No

***Additional Comments:***

***Signature Date Subject Area***

# Please read and sign the application agreement.

**Student Signature**

## I understand that if I do not meet the standards or follow the rules of the Ben

C. Rain High School and any school specific programs, I will be removed from the Ambassador Program. If I am removed from the Ambassador program by the Academy Specialist or any school personnel, I understand that I may appeal that decision to the school principal, whose ruling is the final authority. I understand that if I am asked to leave the Ambassador Program, I will not be refunded any fees or expenses incurred.

**Student Signature Date**

# Parent Signature

## I hereby grant permission and consent for my child to apply for the Ambassador Program and agree to all terms listed above and specified by the school. I will support my child's academic growth and encourage development of independent study skills. I understand that my child may be removed from the Ambassador Program by the Academy Specialist or school principal if he/she does not fulfill the terms of this agreement.

**Parent Signature Date**