



Student Ambassador Program Application for Membership

Please note: Your completed application must be received in the Palmer Center for Business Development by the date indicated at the end of this application.

Background Information

Name: _____ Phone number: _____

Address: _____
Street City State Zip Code

E-mail Address: _____

When did you begin your enrollment at Palmer College of Chiropractic?

Summer Spring Winter/Fall Year: _____

PCC Box: _____ GPA _____

Current Trimester: _____

How did you learn about the Palmer Student Ambassador Program?

Campus Activities

Please list campus organizations in which you are a member and/or campus activities in which you have been involved and position(s) held. List any other extracurricular activities which you feel are significant (high school or other universities). A separate document maybe attached.

Organization/Club	Position Held
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____