

2016-2017 STUDENT KNIGHT AMBASSADORS APPLICATION

Please print clearly.

*STUDENT CONTACT INFORMATION

Student Applicant Name:	
Student ID:	
Current Classification:	
Graduation Date:	
Cumulative GPA:	
Applicant's Cell Phone (If available):	
Applicant's E-mail:	

PARENT CONTACT INFORMATION

Parent Name:	
Address:	
City, State, and Zip Code:	
Parent's Email (Required):	
Parent's Phone Numbers:	

Please include the following documents with your application before submitting. Your application will not be considered for review if all items are not included in the packet. We strongly recommend you take the time to remind teachers and staff members about your deadline to submit letters of recommendation and that you personally gather the letters to ensure they are submitted with your application packet:

^{*}Student Contact Information is necessary in order to issue announcement, special event bookings, and reminders.

^{*}Please see Student Knight Ambassador Brochure for guidelines and qualifications required for participation in the program.

CHECKLIST:	
☐ Application	
☐ Two letters of recommendation in sealed envelopes - the first from a recent Ho Cross teacher or the school you last attended, the second from a staff member administrator. Please, no letters from family members, friends or off-campus employers as we are particularly interested in learning from other campus community members on how you have embraced your experiences at Holy Cross or school last attended as both a student and an integral member of the campus community, and how others perceive your ability to be a steward of the school. In order to apply you must be considered an enrolled student at Holy Cross of San Antonio by the Admissions Office.	r o
☐ Personal essay (single line paragraph spacing, one page preferred) that serve as an introduction to your application packet, letting us know more about you or a personal level. We are also interested in learning about what brought you to Holy Cross, your impressions as a student and how you perceive your role as community member of this campus.	on
Professional resume that shows your academic profile, school involvement including memberships in organizations, participation in athletic programs, volunteering and community service, and off-campus employment information.	
☐ Current 4X6 color photograph of yourself (please no other people in the photo))
$\hfill \square$ Interview: If selected for the first round, a brief interview will be required.	
APPLICATIONS WILL BE ACCEPTED BEGINNING MARCH 1, 2016 – MARCH 31, 2016. RETURN COMPLETE APPLICATION PACKET BEFORE OR BY	
4 P.M. ON THURSDAY, MARCH 31, 2016.	
Office of Institutional Advancement and Enrollment ATTN: Ms. Ariana Vega, Assistant Director of Institutional Advancement and Enrollment, ariana.vega@holycross-sa.org, 210.433.9395 ext.269	
Please be certain to receive your "SKA Submission of Application Receipt" as proof of meeting the deadline. No late entries will be accepted. No exceptions will be made	
I understand that becoming part of the Ambassador Program is a commitment of my time and I will need to fulfill my duties and responsibility to the best of my ability.	
Signature of Parent/Guardian Date	
Signature of Student Date	