

FERRIS STATE UNIVERSITY

ALUMNI ASSOCIATION

Alumni Ambassador Application

Submission Instructions & Requirements

Please fill out this form in its entirety and email to alumnioffice@ferris.edu. In the subject line, include "Alumni Ambassador Application." Click here for requirements.

Information

First Name: _____ Last Name: _____

Last Name (while a student at Ferris State University): _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email Address: _____

County: _____ Degree Earned: _____ Graduation Date: _____

Shirt Size: _____ Unisex Shirt Size: _____

Employment Information

Please fill out the following employment information. If you are self-employed, please include a professional reference and contact information.

Company Name: _____ Company Address: _____

City: _____ State: _____ Zip: _____

Position Held/Job Title: _____

Briefly describe your job.

Briefly describe your interest in the Alumni Ambassador program.

(Additional information requested, but not required, is a current resume and a professional head shot.)

Acknowledgement

By signing this application, I have read and agree to the responsibilities of the Alumni Ambassador position. I understand that this is not employment and I will not receive monetary compensation for my effort. I also agree to act appropriately and ethically as I portray Ferris State University. If I am chosen as an Alumni Ambassador, I acknowledge that my email address and name may be released to members of the Ferris State University community and general public.

Signature: _____ Date: _____