

# College of Southern Nevada Peer Ambassador Application



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|---|---|
| Name: _____   | CSN C#: _____                                       |
| Last                          First                          Middle Initial   |   |
| Permanent Address: _____  |   |
| Street  Bldg/Apt.  City  State  Zip |   |
| Phone #: _____  | Cell Phone #: _____                                 |
| Email Address: _____  |   |
| Entering Date at CSN: _____   | Major(s): _____                                     |
| Did you transfer to CSN?    YES    NO   | # of Credits: _____      Cum GPA: _____             |
| Expected Date of Graduation: _____  |   |
| Currently Receiving Financial Aid? YES    NO  | If yes, have you been awarded Work Study? YES    NO |

Please read through all the questions and respond thoughtfully.

What are your reasons for applying to the Peer Ambassador Program? Please enumerate and explain each reason.

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Why do you think you are suited for this position? In your response, please indicate your specific skill/experiences that would assist you in meeting the responsibilities of the Peer Ambassador position and in promoting CSN as the “College of First Choice” to prospective applicants?

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