

# Chamber Junior Ambassadors of the Month

## Section I Student Information

Student's Name: \_\_\_\_\_

Phone# \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_  
Address; City, State, Zip

Parent's Name: \_\_\_\_\_

Please be COMPLETE in your answers to the following questions.

- A. List all the school clubs/organizations in which you are involved.  
Please indicate years of Membership in each and office held if applicable.  
1. \_\_\_\_\_ 4. \_\_\_\_\_  
2. \_\_\_\_\_ 5. \_\_\_\_\_  
3. \_\_\_\_\_ 6. \_\_\_\_\_
- B. List all community/civic/church groups in which you are active.  
Please indicate the number of years of involvement in each and office held if applicable.  
1. \_\_\_\_\_ 4. \_\_\_\_\_  
2. \_\_\_\_\_ 5. \_\_\_\_\_  
3. \_\_\_\_\_ 6. \_\_\_\_\_
- C. List all scholastic honors or awards you have received.  
Include year and nature of award or honor.  
1. \_\_\_\_\_ 4. \_\_\_\_\_  
2. \_\_\_\_\_ 5. \_\_\_\_\_  
3. \_\_\_\_\_ 6. \_\_\_\_\_
- D. List all extracurricular activities in which you are involved. (Band, drama, speech, athletics, etc.)  
Include number of years of participation in each.  
1. \_\_\_\_\_ 4. \_\_\_\_\_  
2. \_\_\_\_\_ 5. \_\_\_\_\_  
3. \_\_\_\_\_ 6. \_\_\_\_\_
- E. List community and or civic projects in which you have participated.  
1. \_\_\_\_\_ 3. \_\_\_\_\_  
2. \_\_\_\_\_ 4. \_\_\_\_\_
- F. Please add any additional information about yourself you would like to share with the selection Committee.

**Section II                      Teacher Recommendation**

Student's Name: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_ Time you have known student: \_\_\_\_\_

	<u>Superior</u>	<u>Above Average</u>	<u>Average</u>
Academic Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extracurricular Involvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please add any additional comments regarding the student and his/her qualifications for Chamber Junior Ambassador of the Month.

**Section III                      Counselor Recommendation**

	<u>Superior</u>	<u>Above Average</u>	<u>Average</u>
Academic Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments:

\_\_\_\_\_  
Counselor's Name

**At the end of each School Year we award 3 seniors that have been a Junior Chamber Ambassador during High School, with Scholarships, based on their Chamber participation. In order to help you fill out your scholarship application in the future, please keep track of all the Chamber events in which you have participated.**