



Youth Entrepreneurs of Kansas **AMBASSADOR ASSOCIATION** **APPLICATION**

(Please print legibly or type)

Name _____
First Middle Initial Last

Address _____
Street Address City State Zip

Home Telephone (____) _____ - _____ Cell Telephone (____) _____ - _____

Work Phone (____) _____ - _____ E-mail _____

Birth Date ___/___/___ Graduate of YEK from _____ High School

Expected High School Graduation Date ___/___ Year Graduated from YEK: _____

Business Plan Name: _____ Business Started: **Yes** or **No**

Parent/Guardian Name _____
First Middle Initial Last

Parent/Guardian Address _____
(If different from above) *Street Address City State Zip*

Parent/Guardian Phone: Day (____) _____ - _____ Evening (____) _____ - _____

Please answer the following questions on a separate page, preferably typed and double-spaced. Please note the corresponding question number before your answer. Please answer in complete sentences with paragraphs no longer than 5 sentences.

1. Why do you want to be a member of the YEK Ambassadors Association?
2. What skills and/or traits do you possess that would make the YEK Ambassadors a better organization?
3. What do you expect to gain by becoming a YEK Ambassador?
4. What commitment will you personally make to the YEK Ambassadors Association?

Teacher Reference: Please have your YEK instructor sign and date this form if they believe that you would make a worthwhile contribution to the YEK Ambassadors.

Instructor Name

Date