



American Psychological Association of Graduate Students 2008 Ambassador Program Application

Date: _____

Applicant Information		
Last Name:	First	APA#:
Current Address:		
Summer Address:		
Phone:	E-mail:	
Emergency Contact Name:		
Emergency Contact Phone:		Relation to You:
Are you a returning APAGS Ambassador? <input type="checkbox"/> Yes <input type="checkbox"/> No		If so, which year(s)?
If returning, we welcome any comments you have regarding your past experience(s):		

Academic Information	
University:	
Program:	Year:
Level of Graduate Study <input type="checkbox"/> Masters <input type="checkbox"/> Doctoral <input type="checkbox"/> Postdoctoral <input type="checkbox"/> Other _____	
Future Career Aspirations <input type="checkbox"/> Academia <input type="checkbox"/> Consulting <input type="checkbox"/> Practice <input type="checkbox"/> Research <input type="checkbox"/> N/A <input type="checkbox"/> Other _____	

Ambassador Accommodations	
Do you have a disability for which you will need accommodations? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If so, please indicate the appropriate accommodation(s) needed:	

Additional Information	
What sparked your interest in becoming an APAGS Ambassador?	
What do you hope to gain as a result of your experience as an APAGS Ambassador?	
What qualities do you believe you will bring to the role of an APAGS Ambassador?	

Certification			
<p>By submitting this application, I certify that all statements on this application are true and complete to the best of my knowledge. I also certify that I understand the roles and expectations of an APAGS Ambassador and will make every effort to comply with said guidelines. For more information regarding the roles and expectations of an Ambassador, please refer to the following URL: http://www.apa.org/apags/convention/ambassador.html. Typing your name in the space provided will serve as your signature, for those submitting this application electronically.</p>			
Signature		Date	

If you have any questions or comments, please contact Heather Dade at hdade@apa.org. Please e-mail, mail, or fax the completed Ambassador application to:

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 Graduate Students (APAGS)
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