

**Chipola College
Student Ambassador Program**

Name: _____ **Student ID#** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Telephone: _____

College GPA: _____ **Total College Credits:** _____

Educational History:

High School Attended: _____

High School GPA: _____

Honors: _____

Educational and Career Goals: _____

Student's Signature: _____ **Date:** _____

**Nancy Johnson
Chipola College
3094 Indian Circle
Marianna, FL 32446
Phone: (850) 718-2314**

***** ALL APPLICANTS MUST HAVE A 2.5 GPA *****