APPLICATION TO BECOME LEAP CENTER AMBASSADOR		
PERSONAL INFORMATION		
Name:		
Date of birth:	Cell Phone:	Email:
Street Address:		
City:	State:	ZIP Code:
ACADEMIC INFORMATION		
Classification (as of May 2025): ☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior ☐ Graduate		
Major:		Cum GPA:
Minor:		Expected Graduation:
Sam ID:		
BY SIGNING BELOW, I GRANT PERMISSION TO UNIVERSITY STAFF TO CONSULT WITH MY REFERENCES, PROFESSORS, AND OTHER UNIVERSITY OFFICIALS TO ASSESS MY QUALIFICATIONS AS A POTENTIAL AMBASSADOR. MY SIGNATURE ON THIS APPLICATION ATTESTS TO THE FACT THAT ALL INFORMATION INCLUDED IS TRUE.		
Applicant Signature:		Date:

Minimal Eligibility Requirements for Consideration:

- Extensive (and impressive) participation in LEAP Center events;
- No record of academic infractions;
- A 3.4 GPA.

Please email your completed, signed application form to: Prof. Mike Yawn by May 15, 2025. Applications will be reviewed holistically by the existing LEAP Ambassadors and LEAP Center staff. For more information, including criteria, refer to the website.

936.294-1456 /mike.yawn@shsu.edu