



# Youth Entrepreneurs™ of Atlanta

## AMBASSADORS 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 \_\_\_\_\_ High School

Expected High School Graduation Date \_\_\_\_/\_\_\_\_ Year Graduated from HS: \_\_\_\_\_

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 YE-Atl Ambassadors Association?
2. What skills and/or traits do you possess that would make the YE-Atl Ambassadors a better organization?
3. What do you expect to gain by becoming a YE-Atl Ambassador?
4. What commitment will you personally make to the YE-Atl Ambassadors Association?

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

\_\_\_\_\_  
Instructor Name

\_\_\_\_\_  
Date