



BSMA Youth Ambassador Program
Sponsored by
KY SASSY RED HAT LADIES

Name _____ Age _____

Address _____ BSMA Representative _____

_____ Relationship _____

School attending _____

Do you have any grades below a C for the current year? _____ Yes _____ No

If you answered Yes please explain _____

_____.

List all extra curriculum activities you participate in. Including school, church and/or community,

What is your goal after graduating from high school? _____

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What does being a BSMA Youth Ambassador mean to you and why do you think you should be considered for this prestigious recognition?

List all community services you have performed, (i.e., pick up trash in neighborhood; assist an elderly citizen, etc.)

Will you agree that should you win the \$100.00 award you will only use it for school supplies and/or school functions with the approval of your Mother, Dad and/or your BSMA representative? _____

Youth Ambassador's signature _____

Date: _____

Mother or Father's signature _____ date _____

BSMA Representative signature _____ date _____

The recipient of the Youth Ambassador program will be presented a letter of recognition and a \$100.00 check at the October regular business meeting of NKY Chapter 5 – Blue Star Mothers of America, Inc.

If you have any questions please contact:

Peggy Eubanks at peggy_eubanks@cinfin.com

Or call Peggy at: 859-331-5392

Please mail your completed application prior to October 1st. to:

Peggy Eubanks

19 Belle Monte Ave

Lakeside Park, KY 41017