College of Southern Nevada
Peer Ambassador Application

Name: _____ NSHE ID#: _____
Last First Middle Initial

Permanent Address: _____
Street Bldg/Apt. City State Zip

Phone #: _____ Cell Phone #: _____

Email Address: _____

Entering Date at CSN: _____ Major(s):_____

Did you transfer to CSN? YES NO # of Credits: _____ Cum GPA: _____

Expected Date of Graduation:_____

Currently Receiving Financial Aid? YES NO If yes, have you been awarded Work Study? YES NO

Please read through all the questions and respond thoughtfully.

What are your reasons for applying to the Peer Ambassador Program? Please enumerate and explain each reason.

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_____

Why do you think you are suited for this position? In your response, please indicate your specific skill/experiences that would assist you in meeting the responsibilities of the Peer Ambassador position and in promoting CSN as the "College of First Choice" to prospective applicants?

_____
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_____

What advice do you wish someone had shared with you before you enrolled at CSN and during your first semester?

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_____

What is your education goal?_____

Please list two professional references; including their positions (preferably school faculty, staff, or administrators).

Reference 1:

_____
Name Title Phone #

Reference 2:

_____
Name Title Phone #

I have answered everything to the best of my ability and, if hired, I agree to attend all training sessions/workshops and meetings.

Signature: _____ Date: _____

Return application to:

Peer Ambassador Program Manager
Charleston Campus – Room B-119J, Sort Code W1B
Phone: 651-7640 – Email: chuck.masoka@csn.edu

Application Received:

Date: _____

****Candidate: please note that incomplete applications will not be processed.****