



Youth Ambassador Program Application Office of Congressman Andy Barr

Personal Information

Full Name: _____
Last First Middle

Mailing Address: _____
Street Address City State Zip

Phone # (s): _____ | _____

Email: _____

Date of Birth: ____ / ____ / _____

Parents/Guardians: _____

Parent/Guardian Email: _____

Name of hometown newspaper: _____

Emergency Contact Information

Name: _____

Phone #: _____

Relationship: _____

Education Information

Name of High School: _____ Grade: _____

High School Address: _____
Street Address

City

State

Zip

Counselor's Name & Email: _____

Additional Requirements:

Resume

In the form of a resume, please describe all extra-curricular activities in which you have participated. Include school related activities as well as community or church-related activities. Also, please indicate any part-time work while in high school. Describe your responsibilities, as well as the number of hours per week in which you have worked.

Statement of Interest

Please provide a 250-word personal response detailing why you hope to be a part of the Youth Ambassador Program.

Application Agreement

Please read the following paragraph before signing the application, as your signature indicates your agreement with the following statements. If you do not include your signature, your application will not be considered.

I certify that the information I have provided in the application packet is accurate. I am enrolled in a school within the Sixth Congressional District of Kentucky or am a legal resident of the Sixth Congressional District of Kentucky. If selected to become a Youth Ambassador, I authorize the Office of Congressman Andy Barr to release my name and photo in a press release and other office media. If you are a minor, please ensure your parent/guardian also signs in the designated space below.

Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Please send your completed application by mail, email, or fax by **February 20, 2024**, to:

Mail: The Office of Congressman Andy Barr
Attn: Youth Ambassador Program
2709 Old Rosebud Road, Suite 100
Lexington, KY 40509
Fax: (859) 219-3437
Email: mckinzii.todd@mail.house.gov

Applicants will be notified of acceptance or denial by email by **February 23, 2024**.

