

OHIO REHABILITATION ASSOCIATION

2019 STUDENT AMBASSADOR APPLICATION FORM

PLEASE PRINT CLEARLY AND RETURN BY THURSDAY, AUGUST 15, 2019

PLEASE REVIEW THE ATTACHED INSTRUCTIONS FOR DETAILS REGARDING THE STUDENT AMBASSADOR PROGRAM SPECIFICS

Na	ame Female 🗌 Male
	Home 🗌 Work Mailing Address
Cit	ty, State Zip Home # Cell #
En	nail Address (<i>required</i>) NRA Member #
Un	niversity Faculty Advisor
	STUDENT AMBASSADOR PROGRAM APPLICATION QUESTIONS
1.	THURSDAY, SEPTEMBER 19, 2019 : Will you be available to participate in activities as outlined on the Student Ambassador Program Information sheet?
	🗌 All Day 🛛 Morning Only 🗌 Afternoon Only
2.	FRIDAY, SEPTEMBER 20, 2019 : Will you be available to participate in activities as outlined on the Student Ambassador Program Information sheet?
	All Day Morning Only Afternoon Only
3.	SPECIAL NEEDS/ACCOMMODATIONS : Do you have any special needs or accommodations associated with a disability? Please note ORA will make every effort to provide reasonable accommodations to Student Ambassadors; however requests for special needs / accommodations must be received by August 15, 2019. Please identify any special needs in the space provided:
	Dietary Restrictions/Allergies
	Note: Vegetarian and Gluten-Free options will be provided.
4.	How did you hear about the ORA Student Ambassador Program?
	nave completed the above form to the best of my ability and inderstand the terms and conditions as published Signature of Student Ambassador Applicant (Digital/Typed signature is acceptable)
	FORMS MUST BE RECEIVED BY AUGUST 15, 2019. RETURN COMPLETED FORM TO: Pamela Dunseith, Student Ambassador Committee Chair Email: <u>scholarship@ohiorehab.org</u>