



Bluegrass Transfer Ambassador Program

Deadline: February 27, 2015

Name: _____ Student ID#: _____

BCTC Major: _____ GPA: _____

Expected transfer date: Fall 20____ Spring 20____ Summer 20____

Intended 4-Year University: (can list more than one if unsure) _____

E-mail: _____ Phone: _____

Local Address: _____ City/State: _____ Zip: _____

Perm. Address: (if different) _____ City/State: _____ Zip: _____

Current extracurricular & service activities (please prioritize based on your level of involvement):

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Honors and awards:

- | | |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

Public speaking and similar experiences: _____

Do you plan to work during the 2015-2016 academic year? Yes No If yes, where do you plan to work and how many hours will you work on an average week? _____

