



Ambassador Nomination Form

Ambassador Applicant’s Name: _____

Nominator’s Signature: _____

Position: _____

Nominator: *Please complete the following concerning the individual you are nominating as a Bladen Community College Ambassador.*

How well do you know the applicant? _____

In what Capacity? _____

How long? _____

Please rank the applicant on the following traits – using 1(poor) to 5 (excellent).

1 2 3 4 5 Takes a personal interest in working with and helping others

1 2 3 4 5 Demonstrates a high level of college spirit

1 2 3 4 5 Encourages teamwork and self-discipline

1 2 3 4 5 Exhibits good communication skills

1 2 3 4 5 Exhibits pride in academic progress, appearance, and abilities

1 2 3 4 5 Shows ability to make a positive first impression

1 2 3 4 5 Dependability

Write a brief nomination of the applicant.

Ambassador Applicant’s Name: _____

Nominator’s Signature: _____

ALL COMMENTS ARE CONFIDENTIAL

Please return nomination to Linda Burney – Building 7, second floor or by emailing to lburney@bladenc.edu by the submission deadline.

Please type or print in **blue** or **black** ink.

SUBMISSION DEADLINE IS THURSDAY, JUNE 30th