

ANDY BARR
SIXTH DISTRICT, KENTUCKY

COMMITTEE ON FINANCIAL SERVICES

SUBCOMMITTEE ON FINANCIAL INSTITUTIONS
AND CONSUMER CREDIT
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AND INVESTIGATIONS



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LEXINGTON, KY 40509
(859) 219-1366

August 25, 2014

Dear Sixth District Student,

I am seeking bright and talented high school juniors and seniors to apply for my office's new Youth Ambassador Program. The Youth Ambassador Program is a non-partisan, educational experience designed for high school students that provides a unique opportunity to learn about leadership from leaders across Kentucky while serving as an ambassador for their school. It is my hope that the program will promote strong alliances between schools and students from all across the Sixth Congressional District.

The program will consist of participation and discussions from top Commonwealth leaders in the areas of government, education, military, business and Congress. The initial meeting will be held on October 11th, with a second on December 13th and other potential meetings to be announced at a later date. Meetings will last for approximately 3-4 hours each day. Each meeting will include a program consisting of a dynamic panel discussion on leadership and the opportunity to engage with panel members in individual breakout sessions, as well as information the Youth Ambassadors can share with their classmates. Each meeting will be held in or near Lexington in the Sixth District.

Please find a copy of the application enclosed. The application is also available on my website at www.barr.house.gov. Each applicant should provide basic contact information, academic information (needed to be verified by a school counselor or official), a copy of his or her résumé, as well as an additional 250-word essay outlining why he or she wishes to be a part of the program.

Should you desire to apply, please complete and return the application by **September 19, 2014**, to my District Office via mail, email, or fax. Participants will be notified of acceptance by email by **September 26, 2014**.

I encourage you to share this information with counselors, teachers and fellow students at your school, as this is a truly valuable experience to partake in. If you have any additional questions, please do not hesitate to contact Aaron Thompson at my District Office at (859) 219-1366 or aaron.thompson@mail.house.gov.

Sincerely,

A handwritten signature in blue ink that reads "Andy Barr".

Andy Barr
Member of Congress



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: ____ / ____ / _____ Gender: Male / Female

Parents/Guardians: _____

Parent/Guardian Email: _____

Name of hometown newspaper: _____

Emergency Contact Information

Name: _____

Phone #: _____

Relationship: _____

Education Information

Name of High School: _____

High School Address: _____
Street Address

_____ City State Zip

Counselor's Name & Email: _____

Social Studies Teacher's Name & Email: _____

Academic Information to be verified by Counselor or Principal:

GPA: _____ Class Size: _____ Rank: _____
Class: Junior / Senior
<u>Test Scores</u>
ACT Score
Composite: _____ English: _____ Math: _____ Reading: _____ Science: _____
SAT Score (if applicable)
Composite: _____ Math: _____ Writing: _____ Critical Reading: _____
Counselor/Principal Name: _____
Counselor/Principal signature certifying above education information:
X _____ Date: _____

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.

Essay

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 a legal resident of the 6th 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.

Signature: _____ Date: _____

Please send your completed application by mail, email or fax by **September, 19 2014**, 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: aaron.thompson@mail.house.gov

Applicants will be notified of acceptance or denial by email by **September 26, 2014**

For questions or additional information please email Aaron Thompson at
aaron.thompson@mail.house.gov