

# Kasson Ambassador Scholarship Program

## Application 2019-2020

Candidate Name (first and last):

Candidate Phone Number (cell preferred):

Candidate Email:

Parent/Guardian Name(s):

Parent/Guardian Phone Number (cell preferred):

Parent/Guardian Email:

*Please complete this application and submit by July 1<sup>st</sup>.  
Use as much space as needed.*

A. List organizations and activities in which you have been involved. Include years of participation and leadership roles, if applicable.

B. Answer the following questions in **essay format**.

1) What do you like most about Kasson?

2) What is one thing you would like to see changed or improved in Kasson?

3) What are your plans after high school?

4) What is one important life goal you have set for yourself?

5) Why are you interested in becoming the next Kasson Ambassador?  
What will you bring to the program?

6) What are your favorite Festival in the Park memories?

*Please mail your completed application to:  
Theresa Coleman, Kasson Chamber of Commerce,  
c/o Kasson City Hall, 401 Fifth Street SE, Kasson, MN 55944*