

Please attach a recent photo to completed application and email to hope@texasadvocacyproject.org.

NOMINEE INFORMATION

FULL NAME*: _____ NICKNAME: _____ PRONOUNS: _____

ADDRESS: _____ TEEN'S PHONE*: _____

EMAIL*: _____ DATE OF BIRTH: _____ AGE: _____

SCHOOL: _____ GRADE: _____ T-SHIRT SIZE: _____

SOCIAL MEDIA HANDLES (IF APPLICABLE):

 @ _____

 @ _____

 @ _____

 @ _____

Why do you want to be a Teen Ambassador of Hope / Why do you think this nominee would make a great Teen Ambassador of Hope?*

What extracurricular activities are you / the nominee involved in? *

Is there anything else you would like us to know while considering your application?

PARENT INFORMATION

PARENT NAME(S)*: _____

PARENT PHONE(S)*: _____

PARENT EMAIL(S)*: _____

NOMINATOR INFORMATION (IF NOT SELF NOMINATING)

FULL NAME*: _____ PHONE: _____

EMAIL*: _____ RELATIONSHIP TO NOMINEE: _____

*Teen ambassadors will be chosen by a selection committee comprised of members of TAP's Board of Directors and staff.
Thank you for your interest! We will be in touch soon.*

