GREEK AMBASSADORS

2020 Application

First Round Interviews: November 11 - 15
Second Round Interviews: November 18 - 22

HOW DO I APPLY?

Greek Ambassadors are chosen competitively each November through an interview process conducted by the Greek Ambassadors selection committee. Members of the group must also try out every year. No particular male/female ratio is established for the group. Members are required to meet the following criteria:

- Must attend Greek Ambassadors Convocation on November 10th from 7:00 - 9:30 PM in the Ferg Theater.
- Cumulative grade point average of 2.7 or higher.
- Full-time enrollment as an undergraduate (no graduate/law students).
- Involvement, but not over commitment, in campus activities.
- Ability to devote from five or more hours each week to group duties while maintaining good grades.
- Ability to participate regularly in biweekly Monday night meetings, weekend and evening events.
- Willingness to memorize a volume of material about the Greek Community at The University of Alabama and keep up with current information about its growth and development.
- Excellent oral communication skills and poise in dealing with diverse groups of individuals.
- Must comply with Greek Ambassador Guidelines

Applications are available online at https://ofsl.sa.ua.edu/leadership/greek-ambassadors/ beginning October 27th.

Please contact Brittany Jordan at brittany.jordan1@ua.edu or call the Office of Fraternity and Sorority Life at 205.348.2693 if you have any further questions.

The deadline to apply for membership is Friday, November 8th at 5:00 PM CST. All applications with a photograph and resume attached are due in 2512 Ferguson Center by 5:00 PM. No application will be accepted after the deadline.
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2020 Application

Name: _______________________________   Greek Organization: ______________________________

CWID: _______________________________   Class (circle):   Freshman   Sophomore   Junior

Major/Minor: __________________________________________________________

Graduation Date: _______________   Overall GPA: _________

Permanent Mailing Address: ______________________________________________

Email Address: ________________________________   Phone Number: _________________________

Why do you want to be a Greek Ambassador?

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_____________________________________________________________________________________
_____________________________________________________________________________________
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What skills and/or qualities do you possess that qualify you for this leadership role?

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List activities and honors at The University of Alabama. Please give days and hours of club meetings and the approximate hours per week required for each activity. You must be available for mandatory weekly Greek Ambassador meetings.

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Have you tried out for Greek Ambassadors before?   ___________ Yes   ___________ No
Please initial next to the following requirements. By initialing these items you agree to them and affirm that they are correct.

______ I understand that the GPA requirement for serving as a Greek Ambassador is a minimum of 2.7 cumulative.

______ I understand I will be required to attend all training sessions and be expected to conduct a minimum number of house tours each month.

______ I understand that if selected as a Greek Ambassador, the Office of Fraternity and Sorority Life will share my personal contact information with the Office of Undergraduate Admissions, for the purpose of distributing my information with families that I will be meeting in my role as a Greek Ambassador.

______ I understand I will be required to maintain active status and be a member in good standing with my chapter and national organization to serve as a Greek Ambassador.

______ I understand my chapter President will be notified of my application and will be required to submit their recommendation prior to my acceptance to the group.

__________________________________________________  ______________________________
Applicant Signature                                      Date