

Northwest PA Maple Ambassador

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

County: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

High School: \_\_\_\_\_

Plans after High School: \_\_\_\_\_

\_\_\_\_\_

Email Address: \_\_\_\_\_

Parent's or Guardian's Name: \_\_\_\_\_

Please attach a one page autobiography, which includes school and community activities, hobbies and interests. Also attach one photograph that could be used for publicity.

Parent's or Guardian's Signature: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Return by January 13th , 2024:

Haleigh Coryea

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Sharpsville, PA 16150

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