Mentee Application

Name:		Class Yea	r:		
Address:		City, State	e		
Preferred phone number		Circle:	(home/ wo	ork /cell)	
Email:	Contact Preference:	Phone	Letter	Email	Other
Major:					
Career Goal:					
	Hobbies/	Interests:			
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
How many hours a week are you available to participate in the mentoring program?					
What characteristics are particularly	important to y	ou in a me	ntor?		
Comments					
Signature:		Date:			