

THE MENTOR PROGRAM

Student/Mentee Application

NAME _____

ADDRESS _____

TELEPHONE - HOME: _____ WORK: _____

EMAIL: _____

CAREER CHOICE (at this time) _____

HIGH SCHOOL OR COLLEGE/UNIVERSITY ATTENDING OR ATTENDED:

CAMPUS ADDRESS: _____

PLEASE LIST YOUR ACADEMIC INTERESTS: _____

WHAT COURSES HAVE YOU ENJOYED MOST? _____

_____ WHY? _____

MAJOR FIELD OF ACADEMIC STUDY: _____

MINOR FIELD OF ACADEMIC STUDY: _____

EMPLOYMENT PLACE AND STATUS: _____

Please list any hobbies, interests, or other activities you enjoy: _____

Please attach a resume, and submit this Form to NOIAW as soon as possible.