



MENTEE APPLICATION

Today's Date ____/____/____

Section One: Generation Information

Name		
Address		Apt.
City	State	Zip
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth

Nickname _____

Home Phone:	Cell Phone
E-Mail:	
Alternate Contact: <i>This can be a cell, email, or person</i>	

Children: Yes No N/A

Father/Guardian's name	Occupation Work phone
Mother/Guardian's name	Occupation Work phone
Emergency contact	Home phone

School Information:

Name of school	Grade level
List the classes you are taking this year: 1.	
2.	
3.	
4.	

Please read this carefully before signing:

By signing below, you confirm the truthfulness of all information listed on this application. You agree to let our program confirm all information listed. As parents, you are agreeing to allow your child to participate in GP's mentoring program and activities.

Parent(s)/Guardian's Signature

If selected, I will follow the rules of the program and be a dedicated mentee. I agree to the time commitment to my mentee of approximately 4 hours a month for a renewable 12 months.

Student's Signature
