



## SOARING HAWKS MENTORING PROGRAM

### PEER MENTORSHIP PROGRAM APPLICATION FORM - MENTOR

Thank you for your interest in the Soaring Hawks Mentoring Program. Please completely fill out the application below and give Coach Kelly or Coach Davis your completed form

First and Last Name:	Student Number:	Current Grade Level:
Phone Number:	Lunch Period:	GPA (minimum 2.75):

Have you participated in a mentoring program before?

- Yes, as a mentor  
 Yes, as a mentee  
 No

If yes, please describe your experience:

Do you speak another language?

- Yes  
 No

If Yes, what language:

#### Short Answer Questions

1. Explain why you would like to participate in the Peer Mentorship program.



SOARING HAWKS MENTORING PROGRAM

2. Please summarize two goals you would like to achieve through this mentorship program.

3. Where do you see yourself in three years?

4. Please list any hobbies, interests, or extracurricular activities.

<b>Signatures and Agreement</b>	
<input type="checkbox"/> I understand that applying to the Mentorship Program does not necessarily guarantee me being approved as a mentee.	I understand that failure to complete the program requirements will result in forfeiting any incentives associated with the program.
<input type="checkbox"/> I understand that both mentors and mentees are responsible for arranging meetings, times and locations.	
I authorize the verification of the information provided on this form. I give consent for the release of my information to be used by the Mentor/Coordinator for the duration of the program.	
Signature of applicant:	Date:

Name of Reference:	Signature of Reference:
--------------------	-------------------------