

The Adelphi University Mentoring Program

Mentee Application

Please take time to carefully answer questions. They will be used to skillfully match you with a mentor who has like interests. This Application can be handwritten, typed or submitted on-line at:

<http://academic-services.adelphi.edu/resources/mentoring-program/>

Students must be active and currently enrolled in Adelphi University. All responses will be kept confidential and files will be secure. If you choose to submit a hard copy application, please return to Professor West in the Nexus Building, Office 144. Call 516-877-3182 or write to cwest@adelphi.edu with any questions or concerns.

Name _____

First

Middle

Last

Race/Ethnicity: _____

Gender: Male / Female I identify as _____

(Examples: Male, female, gender non-conforming, transgender, etc...)

Circle all that apply: Veteran / LGBTQ+ / First Generation

Address _____

Street

City

State

ZIP

Home phone _____ Cell phone _____

Please select your current academic year (Circle) Freshman / Sophomore / Junior / Senior

Phone Number _____

E-mail Address _____

What is your preferred method of communication? (Circle) Phone / Email

Are you a transfer student? (Circle) Yes / No

If yes, what school did you attend prior?

What is your current major?

How did you learn about the Mentoring Program? (Circle all that apply):

Flyer / Adelphi Site / Word of Mouth / Friend / Other (Please list)

1. Please describe how a mentoring program would benefit you.

2. Write a brief statement on why you have chosen to participate in the Adelphi University Mentoring Program.

3. Are there any specific areas that you would like to focus on within the Mentoring Program?

If so, please explain below:

4. What qualities do you think a good mentor should have?

5. What days of the week are you available to meet? (Circle all that apply):

Monday

Tuesday

Wednesday

Thursday

Friday

6. What is the best time of day for you to meet with your mentor?

(Circle all that apply and provide specific time is you are able):

Mornings

Afternoons

Evenings

7. What do you hope to gain from the Mentoring Program (Circle all that apply):

Life skills advice / Career guidance / Academic support / Other _____

8. Please provide two (2) to three (3) references. The first two references are required. The third is optional.

(1) Name: _____
Address: _____
City: _____ State / Zip _____
Phone Number: _____
Relationship: _____

(2) Name: _____
Address: _____
City: _____ State / Zip _____
Phone Number: _____
Relationship: _____

(3) Name: _____
Address: _____
City: _____ State / Zip _____
Phone Number: _____
Relationship: _____

9. Do you speak a foreign language? _____ If yes, please specify: _____

10. Please list any hobbies or interests you have:

11. What kind of activities would you like to enjoy with a mentor?

12. What clubs or groups, if any, do you belong to in school and outside of school?

13. "My favorite subject in school was" (Complete this sentence)

14. "My least favorite subject in school was" (Complete this sentence)

15. What individual has served as a role model for you so far? Why?

I certify to the best of my ability that the information provided on this application is true and accurate. I also understand that misinformation knowingly provided here, and on subsequent mentee application forms, is grounds for dismissal.

Signature

Date

Office Use Only:

Intake / Interview Date: _____

Application Submitted: _____