



Mentee Application

Mentee's Name

First Name

Last Name

Suffix

Mentee's Birth Date

Month Day

Year

Mentee's Age

Address

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Mentee's School

Mentee's E-mail

example@example.com

Mentee's Phone Number

Please enter a valid phone number.

Parent's Name**Parent's Email**

example@example.com

Parent's Home/Cell Phone**Parent's Work Phone****Preferred Method of Contact**

Email

Home/Cell Phone

Office Phone

Did your son have a mentor before our program?

Yes

No

Do you prefer to receive news from ALPHA ACADEMY MENTORSHIP PROGRAM regarding upcoming events and other important information via email?

Yes

No

How did you hear about the ALPHA ACADEMY MENTORSHIP PROGRAM? (Check all that apply)

Friend

Teacher
Family member
After School Program
Church
Facebook
Twitter

Mentee Questions

The answers below are important as it helps us tailor our annual program to be most effective for the incoming class.

Why do you want, or need to take part in this mentoring program?

Have you participated in similar programs in the past? If so, what were your experiences?

What goals, experiences, and learnings do you hope to achieve during this program this year?

What professional disciplines are you interested in learning more about?

Please list any school clubs, sports, or any other activities you are involved in.

Do you need tutoring/assistance with your grades/school work? If so, what subjects?

What professional disciplines do you have experience in, or are familiar with already?

What is your current GPA?

