



Student
Alumni
Mentoring

Mentee Application 2017-18

Name: _____ Age: _____ Graduation Year(s): _____

Major/Minor(s): _____

Email: _____ Phone #: _____

Local Address: _____

City, State, Zip: _____

How did you hear about the program? _____

Student organizations, volunteer organizations or internship involvement:

Personal hobbies/interests:

What do you hope to gain from the program?

What can you bring to the program?



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What industry/career field(s) are you interested in? (Please list up to three)

Is there criteria you would like to have considered when matching you with a mentor?

** By signing this form, I agree to all terms and conditions of the Student Alumni Mentoring program: I understand that this program requires one evenings per semester and regular communication. **I understand that attendance to the Inaugural Dinner on Wednesday, October 25, 2017, is mandatory for participation.** I commit to building a mutual relationship with my mentor, to hearing about professional experiences, to sharing my own stories, to respect the difference between us and accept guidance to the best of my ability.*

Signature: _____ Date: _____

Please return this form to: **Alumni & Family Relations Office**, Motherhouse 2nd Floor, Room 248, email it to alumni@stfrancis.edu or complete it online at www.stfrancis.edu/sam.



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