

## *Embracing Your Difference* Mentee Application

If you would like to have the opportunity of having a Mentor, fill out the following information below. If you are under 18, please make sure your parent/guardian helps to fill out this form and signs for permission.

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age \_\_\_\_\_ Hometown \_\_\_\_\_

Current Address \_\_\_\_\_

Mailing Address (Put same if it is the same as above) \_\_\_\_\_

\_\_\_\_\_

**Schooling:** Please provide the name of your schools and the city and state.

If still in school what grade are you currently in? \_\_\_\_\_

High School: \_\_\_\_\_ Location: \_\_\_\_\_ Degree Earned \_\_\_\_\_

College/Trade School \_\_\_\_\_ Location \_\_\_\_\_ Degree Earned \_\_\_\_\_

Grad School or Post Secondary Education: \_\_\_\_\_ Location: \_\_\_\_\_ Degree Earned \_\_\_\_\_

Occupation \_\_\_\_\_

Hobbies \_\_\_\_\_

\_\_\_\_\_

Favorite Places to go: \_\_\_\_\_

Last Book You Read \_\_\_\_\_

Why do you feel you need a mentor? \_\_\_\_\_

(Please use separate sheet if more space is needed)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

By signing below, you are committing to **one year** of having a mentor with *Embracing Your Difference*. This will consist of you spending time with, learning from, and embracing the mentor/mentee relationship. You will be meeting with her at least 4 times during the year; in addition to you speaking with your mentor at least twice per month.

**Signature of Mentee:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
(If Under 18)