

The Perkins Mentor Program

Name: _____ SSN: _____
Last First MI

Address: _____
Street City State Zip

Age: _____ Sex: _____ U.S. Citizen _____ Permanent Resident _____
Male/Female Yes/No Yes/No

Home phone number: _____ Work phone number: _____

Best times to reach you: Home _____ Work _____

Hobbies and Outside Interests _____

Section I - Major Area of Study

(please check only one)

- a. Architectural Technology
- b. Business
- c. Chemical Technology
- d. Civil Engineering Technology
- e. Dietetic Technology
- f. Early Childhood Development
- g. Emergency Medical Technology
- h. Electrical Engineering Technology
- i. Food Service & Lodging Supervision
- j. Industrial Engineering Technology
- k. Information Systems & Computer Programming
- l. Manufacturing Engineering Technology
- m. Mechanical Engineering Technology
- n. Nursing AAS or Certification
- o. Organizational Leadership & Supervision

Section II - Perkins Criteria

(Please check all categories that apply to you)

- a. Grade Point Average below 2.0 (H.S. or College)
- b. Admitted to the Developmental Studies Program (GSD) with one of the Technology majors listed
- c. Food Stamp Recipient
- d. Pell Grant Recipient
- e. English as a second language
- f. Classified as Learning or Physically Disabled
- g. Non-traditional gender career program
- h. Neither parent has a degree from a 4-year college.
- i. Admitted to the Preparatory, or Foundations Program with one of the listed Technology Majors

Services Requested

*A mentor is an experienced student or faculty/staff member who will take you under his/her wing.
 A mentor's role is to be your friend and help you to adjust to the unique demands of college life.*

(Please check all categories that apply to you)

Yes, I would prefer to be assigned to a:

- Faculty/Staff Mentor
- Peer/Student Mentor
- Either One

Counseling

- Personal
- Career

Tutoring

Subject _____

I would like a classroom tour

Child care Information

Work Site Information

Computer Orientation

I certify that all the above information is true and correct to the best of my knowledge. I authorize the Perkins Scholars Program to have access to my scholastic and financial aid records for the purpose of statistical analysis of the program and understand that these records will be held in strict confidence.

Student signature: _____ Date: _____

What is your schedule of availability? (check one)

- I would like to meet my mentor at least once a week.
- I would like to meet with my mentor about once a month and perhaps occasionally talk to him or her on the telephone.
- I would just like to keep in touch with my mentor through telephone calls.
- I would like to be assigned a mentor, but only contact him or her if I feel the need.

I am available to meet my mentor (please check all that apply): Days only Evenings only Either