



Mentorship Program

STUDENT APPLICATION

Name _____ Student ID _____

CCC email _____ Personal email (optional) _____

Telephone _____ Best way to contact you? _____

New Student Y/N Program of Study/Major _____

1. How did you hear about the program?

- a. College Success
- b. recruiting table
- c. friend/classmate
- d. Other

2. What goal(s), if any, do you have in the following areas:

- a. Academics (Ex: grades, program admission, etc.)
- b. Life (Ex: self care, time management, etc.)
- c. Relationship Building (Ex: networking, forming a study group, etc.)
- d. Leadership (Ex: starting a club, running for SGA, etc.)

3. How often would you prefer to meet with your mentor?

- a. Once a week
- b. Every two weeks
- c. Once a month
- d. At least twice a semester

(SEE OTHER SIDE OF FORM)

4. What days and times are you available to meet?

5. Anything else you would like us to know (Ex: special talents, challenges, or passions)?

RETURN YOUR APPLICATION BY EMAILING IT TO CRUDDS@CCC.EDU
or DROPPING IT IN THE 'BIG RED BOX' IN THE LIBRARY