



MENTORING PROGRAM APPLICATION

Please complete the application completely and attach the student's most report card or grade report along with recommendation or referral letter. For questions or more information contact 404-241-1338 or email info@100BMOD.org

Program: _____ School Year: __20__ / 20__

Years in Program : 1 2 3 4 5 6 7 Grades Attached: Y N

Mentor Paired With: _____

PARTICIPANT INFORMATION (Please Print)

First Name			
Last Name			
Age		Date of Birth	
Race <small>(Asian, Black, Biracial, Caucasian, Hispanic, Other)</small>		Gender <small>(Male or Female)</small>	
School		Grade	
Email		Mobile #	
What do you hope to gain from participating in the program?		What career field(s) are you most interested in?	
What are some of your hobbies and/or interests?		Are you involved in any activities at school?	

PARENT / GUARDIAN INFORMATION

Name Guardian 1			
Name Guardian 2			
Guardian 1 Cell Phone #		Guardian 2 Cell Phone #	
Guardian 1 Email		Guardian 2 Email	
How did you hear about the program?			
What do you hope your child gains from participating in the program?			
What, if any, are your chief concerns?			

Do not write below this line ...For official use only...Do not write below this line

Date Application & Attachments Received		Fees Received Date & Amount	
Referred by: <small>(School, Parent, Court, Other)</small>		Interview Date & By who:	
Interview Feedback			