

STUDENT APPLICATION

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

Parent or Guardian \_\_\_\_\_

Year: Freshman      Sophomore      Junior      Senior

Major \_\_\_\_\_ No.of Hours Fall Semester \_\_\_\_\_

Please list other GSU activities:

What are your hobbies/interests?

How would your best friends describe you?

Why do you want to be a part of the mentoring program?