



Mentoring Experience (ME) 1st Program Mentor Leader Application

Thank you for your interest in the ME 1st Program. Please complete the sections below, so we can best match you to a Mentor Ally. **Please note:** no Mentor Leader is guaranteed a Mentor Ally.

Section 1: (Please print legible)

Student Full Name: _____

Student Major/Area of Study: _____

Anticipated Graduation Date: _____ Class Rank: _____

Residence Hall or Address (if commuter): _____

Telephone Number: (_____) _____ Email: _____@ship.edu

Section 2: (This section is *optional*)

Gender: _____ Religious Affiliations: _____

Language(s): _____ Race: _____

Section 3: (Your Mentor Ally Should Be...)

Mentor Ally Gender Preference: _____ Preferred Position: Staff/Faculty/Alumni

I want my Mentor Ally to know,

1. For fun I like to: _____
2. I dislike when someone: _____
3. I enjoy when someone: _____
4. I am good at: _____
5. I need to improve on: _____
6. My dream job is: _____
7. I have _____ siblings. I am the _____ (i.e. oldest) out of my siblings.
8. I have _____ pets. My pet(s) is/are: _____

Section 4: (Write a few sentences about yourself and what you hope to gain from ME 1st.)

Please be aware: Your application will be shared with a potential Mentor Ally. Do not share anything that you do not want to be known.