



# MENTORING PROGRAM

**MENTEE**  
APPLICATION FORM

## PERSONAL INFORMATION

First Name:

Last Name:

Z Number:

Major:

Minor:

Anticipated graduation date (*Undergraduate*):    Anticipated graduation date (*Graduate*):

## CONTACT INFORMATION

Personal Email:

Cell Phone:

Home/ Permanent Street Address:

City:

State:

Zip Code:

Campus Address if Applicable:

Do you have reliable transportation to attend in-person events and mentoring meetings?

Yes

No

Sometimes

If you selected "No" or "Sometimes", please explain any transportation challenges you may face so we can better support your participation:

## GETTING TO KNOW YOU

How did you hear about the SWLC?

**What industry are you most interested in receiving a mentor for?**

*(i.e. finance, accounting, sports, nonprofit, the arts, communication, government, healthcare, higher education, etc.)*

**Briefly summarize your educational and career goals:**

**List your favorite hobbies:**

**What do you hope your mentoring experience will be like?**

*Please describe what you hope to gain from your mentor, the kind of support you're looking for, and any goals you would like to achieve through this mentoring relationship.*

**In the attributes below, I would rate myself predominately... (please select one in each row)**

- |                |                    |
|----------------|--------------------|
| 1. Intuitive   | Analytical         |
| 2. Extrovert   | Introvert          |
| 3. Risk-taking | Cautious           |
| 4. Decisive    | Methodical         |
| 5. Plans ahead | Spur of the moment |

**Which of the following aspects of mentoring most interests you?**

- |  | Strongly<br>Interested |   | Neutral |   | Not<br>Interested |
|--|------------------------|---|---------|---|-------------------|
|  | 1                      | 2 | 3       | 4 | 5                 |
| Receiving career advice, support and guidance  |                        |   |         |   |                   |
| Receiving general life and soft skills support |                        |   |         |   |                   |
| Moral support and encouragement                |                        |   |         |   |                   |
| Sponsorship and/or long term relationship      |                        |   |         |   |                   |
| Other:   |                        |   |         |   |                   |

## EXPECTATIONS

By joining the SWLC mentoring program, I understand and agree to meet with my assigned mentor at least once per month and attend two program-sponsored events. I am committed to actively engaging in the mentoring relationship, being open to guidance and feedback, and making the most of this opportunity for personal and professional growth.

Applicant Signature:

**Please submit your resume with your application.**  
**Applications can be emailed to Darlene Astin at [darlene.astin@stockton.edu](mailto:darlene.astin@stockton.edu).**



**THANK YOU FOR YOUR INFORMATION**