

What do you hope your mentee gains from the mentoring experience? _____

Do you have prior mentor experience? Yes No If yes, please explain: (Program Name & Dates)

How many students would you like to mentor? 1 2

Mentors often have a set of experiences to share, please help us achieve the best possible match by specifying if you would like to mentor a student from a specific cultural background (if available)?

Yes No

If yes, what cultural background? _____

Is there a particular student you would like to mentor? Yes No

If yes, name _____ High School _____

Why? _____

Are you willing to have the _____ conduct a background check on you, including fingerprints?

Yes No

List three people (nonfamily members) who can serve as character references for you.

(1) Name _____ Relationship _____ For _____ years.

Mailing Address _____ City _____ State _____ Zip _____

Phone _____ Email: _____

(2) Name _____ Relationship _____ For _____ years.

Mailing Address _____ City _____ State _____ Zip _____

Phone _____ Email: _____

(3) Name _____ Relationship _____ For _____ years.

Mailing Address _____ City _____ State _____ Zip _____

Phone _____ Email: _____

I certify that the information I have supplied is correct to the best of my knowledge. I grant permission for you to contact the references provided. I also understand and agree to the duties and requirements described in the Volunteer Duties and Requirements.

Signature _____ Date _____

Please Return to:

Garden of Hope Scholarship
193 Lake Ridge Dr
Mason, Mi 48854