Jose Marti Alumni Association New York Inc.

"Building Relationships, Giving Back, Making an Impact"



Mentorship Program Application

If you would like to participate in the Mentorship Program, please complete this form and email to: info@jmaany.org

Applicant Information						
Full Name:	Last	First			M.I.	Date:
Address:	Street Address					Apartment/Unit #
	City				State	ZIP Code
Phone:				Email:		
How did you about JMAA Mentorship Program?						
Type of Mentoring Relationship sought e.g., Full long term mentorship support, financial support- school fees & supplies, Informal short term -give advice:						
Are you a J	MAAMY member?	YES	NO □		lf no, would y	YES NO
Have you be before?	een a mentor (any program)	YES	NO □	If yes, when & where?		
Is there a ty to be match	pe of mentee you would prefer with?	YES	NO □			
lf yes, expla	in:					
For internal use only						
Mentee Name: Parent Name:					_	ade: one:
Address:						

JMAANY

P.O. Box 87 Roslyn, NY 11576

jmaany.org