



Minority Male Mentoring Program Application

Name _____ Student ID Number _____

Mailing Address _____ Email Address _____

Home Phone # _____ Course of Study _____
Work Phone # _____ Credit Hours _____
Cell Phone # _____

Employed _____ Full-time _____
Part-time _____
Unemployed _____

If employed, how many hours per week do you work? _____

Please list your top 5 priorities.

1. _____
2. _____
3. _____
4. _____
5. _____

Please list your top 5 interests outside of school.

1. _____
2. _____
3. _____
4. _____
5. _____

Tell us what you would like the Minority Male Mentoring Program to do for you?

Please return to Joseph Pridgen
Wilson Building, Room 1030