



REGISTRATION FORM

**GENERAL INFORMATION**

Name \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Cell/Alternate Number \_\_\_\_\_

Email Address \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade \_\_\_\_\_

School Name \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Relationship \_\_\_\_\_

Parent / Guardian's phone number if different from above \_\_\_\_\_

What is your favorite subject? \_\_\_\_\_

What is your least favorite subject? \_\_\_\_\_

What activities, clubs, sports, etc. are you involved in?

\_\_\_\_\_

## PERSONAL INFORMATION

**“I would describe myself as . . .” (check all that apply)**

<input type="checkbox"/> QUIET	<input type="checkbox"/> OUTGOING	<input type="checkbox"/> INQUISITIVE	<input type="checkbox"/> SENSITIVE
<input type="checkbox"/> HAPPY	<input type="checkbox"/> CONFIDENT	<input type="checkbox"/> NERVOUS	<input type="checkbox"/> FRIENDLY
<input type="checkbox"/> RESERVED	<input type="checkbox"/> TALKATIVE	<input type="checkbox"/> SHY	<input type="checkbox"/> MOODY
<input type="checkbox"/> AMBITIOUS	<input type="checkbox"/> OPINIONATED	<input type="checkbox"/> STUBBORN	<input type="checkbox"/> EASY GOING

What are your hobbies and interests?

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List a few of the jobs/professions you've been thinking about for yourself

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Please tell us what you hope to gain from this program. (For example: build new relationships, gain new college/career goals, learn about what to expect in high school and in college, how to do better in school, gaining a better self image.)

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What do you want to learn from your mentor?

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## **PREFERENCES/FAVORITES**

What do you like to do in your free time?

(Check all that apply and give examples of your favorites)

Watch Movies? – Which Ones? \_\_\_\_\_

Play Video Games? – Which Ones? \_\_\_\_\_

Listen To Music? – What Kind? \_\_\_\_\_

Play Music? - What Kind? \_\_\_\_\_

Which Instrument? \_\_\_\_\_

Read? – What Kinds of Books? \_\_\_\_\_

Play Sports? – Which Ones? \_\_\_\_\_

Watch Sports? – What Kinds? \_\_\_\_\_

Watch TV? – What Shows? \_\_\_\_\_

Shop Where? \_\_\_\_\_

Other (specify) \_\_\_\_\_

**Congrats you have completed your application!!**