



Mentee Application

Contact Information

Name:	
Address:	
Home Phone:	
E-mail Address:	
School:	

Parent Information

Name:	
Address:	
Phone:	
E-Mail Address:	

Emergency Contact

Name:	
Street Address:	
City and ZIP Code:	
Home Phone:	
E-Mail Address:	
Relationship to Student:	

Additional Information

How much do you feel supported at home with academics on a scale of 1-5
(1 being the least supported and 5 being very supported)

1 2 3 4 5

Do you receive free or reduced price lunch at your school?

Free Reduced Price Neither

Have you received any education outside of NYC/ outside of the US?

Yes No

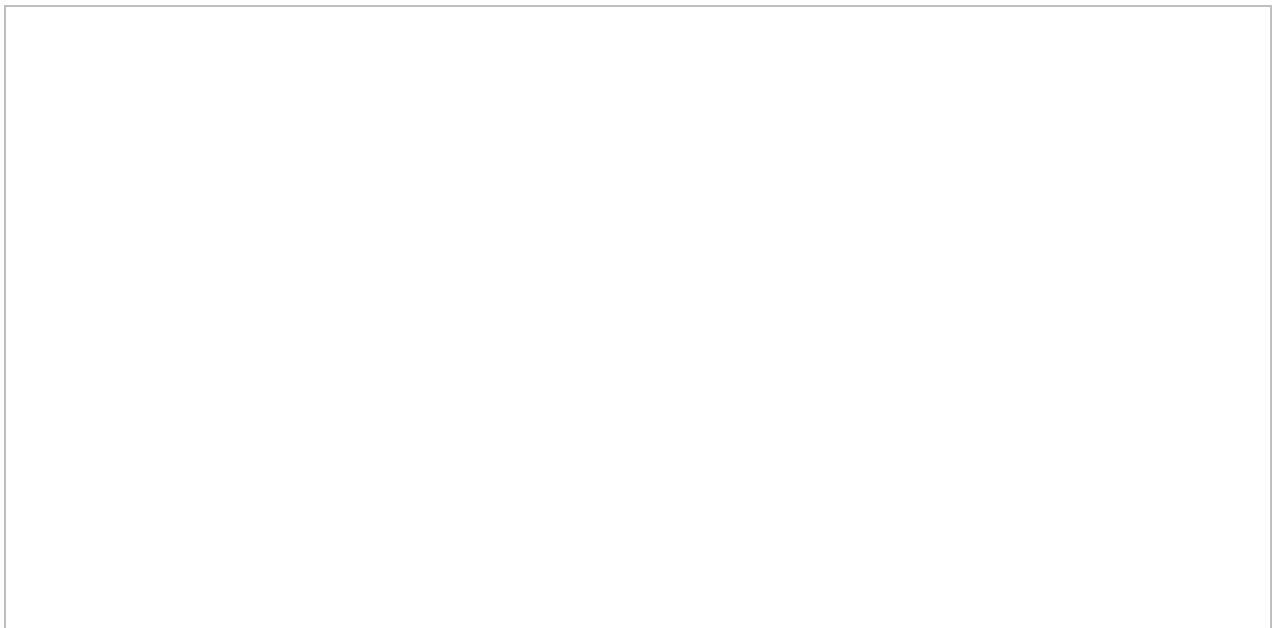
Short Answers

What do you like to do for fun?

What are you hoping to get out of this experience? How will having a mentor benefit you?



What is your favorite subject in school/ least favorite? Why?



Counselor Information

Name:	
Phone:	
E-Mail Address:	

How did you find out about this program?

___ Counselor ___ Teacher ___ Other, Please Specify:

Agreement and Signature

By submitting this application, I agree to commit to all the Link Scholars workshops (with the exceptions of emergencies).

Student Name (printed):	
Parent Name (printed):	
Parent Signature:	
Date:	