

School of Graduate & Continuing Education
Adult Student Peer Mentoring Program



Mentor Application

Name _____

Student ID _____

Home Phone _____

Cell Phone _____

Marist Email address: _____

Private Email address: (optional) _____

1. I am a Freshman _____ Sophomore _____ Junior _____ Senior _____
2. I attend classes full time _____ part/time _____
3. I attend classes in the evening _____ day _____ both _____
4. Major/Degree _____
5. How many semesters have you attended Marist College? _____

To assist in matching mentors with mentees: (optional)

Gender: M _____ F _____

Single _____ Married _____ Divorced/Separated _____ Widowed _____

Number of children under 10 _____

Number of children 11 to 21 _____

Your career goals _____

Your interests or hobbies _____

I am in my 20's _____ 30's _____ 40's _____ 50's _____

*****Please return this application to: Carol Andre Bomba, GCE, Dyson 127