



PEER MENTOR AND LEADERSHIP DEVELOPMENT PROGRAM

I. MENTEE APPLICANT INFORMATION (PLEASE PRINT)

We are excited that you want to be involved in the Peer Mentor and Leadership Program. Please complete the form and return it to the Office of Multicultural Student Affairs, Main Campus (D-1010). Please attach paper if more space is needed. Thank you.

Name _____
Last First Middle

Current Address _____
City State Zip Code

Telephone Number () _____ Telephone Number () _____
(Cell) (Home)

Permanent Address _____
(if different from above)
City State Zip Code

Email Address _____

Date of Birth _____
Month Day Year

Gender: Female Male

Student ID Number _____

Do you speak other languages? If yes, please specify _____

Ethnic Heritage: Hispanic African American
 Asian American
 Alaskan Native/Native American
 Other (Please specify) _____

II. EDUCATION INFORMATION

Education completed High School ___ FR; ___ SOPH; ___ JR; ___ SR; ___
College graduate; ___ Graduate school; ___ Technical School; ___

Are you currently enrolled at Joliet Junior College? ___yes ___no
If yes, what is your proposed graduation date? _____
Month/year

What is your major or area of concentration? _____

(Mentee Application)

(Mentee Application)

Are you currently a full or part-time student? full time _____ part-time _____

High School Graduation Date: _____ High School Name & Location: _____

Please list other academic institutions attended in the space below.

Institution	Dates of Attendance	Credits Earned

III. ADDITIONAL INFORMATION FOR MENTEE APPLICANTS

A. How did you learn about the Peer Mentor and Leadership Program?

B. What is your primary motivation for requesting a Peer Mentor?

___academic ___social ___leadership opportunities ___other _____

Are a currently participating in any of the following programs at Joliet Junior College, please check those that apply:

- Project Success Project Achieve StARS Adult & Family Services
 ENLACE Honors Program Student Activities Other _____

C. Please tell us your talents and hobbies:

D. What do you hope to accomplish by having a Peer Mentor?

E. Interest(s): ___music ___Art ___nature ___reading ___computers ___writing
___service learning ___spirituality/religious activities ___cooking ___sports
___scouting ___other(s) _____

F. Please list when you will be available to meet with your Peer Mentor (list day/s of the week and time/s):

Day/s ___Monday ___Tuesday ___Wednesday ___Thursday ___Friday ___Saturday ___Sunday
Time/s _____

My signature below indicates that, to the best of my knowledge, the information given on this application is complete and accurate.

Date _____ Signature _____