

OFFICE OF MULTICULTURAL STUDENT AFFAIRS

**JOLIET JUNIOR COLLEGE
PEER MENTOR AND LEADERSHIP DEVELOPMENT PROGRAM**

I. APPLICANT INFORMATION (PLEASE PRINT)

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 _____ **Gender:** Female Male
Month Day Year

JJC ID Number _____

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

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

Special Dietary Needs _____ **T-Shirt Size** _____

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The Office of Multicultural Student Affairs regularly publishes newsletters, scholarly updates, and other postings. If there is someone to whom you would like these publications sent please provide the following information:

Name _____ **Relationship to you?** _____

Address _____

II. EDUCATION INFORMATION

Number of credits earned _____

What is the date of enrollment at Joliet Junior College? _____

What is your proposed graduation date? _____

Month/Year

What is your current major or area of concentration? _____

What is your current college GPA? Cumulative _____ Major _____

High School Graduation Date: _____ High School name & location: _____

Please list other academic institutions attended in the space below.

Institution	Dates of Attendance	Credits Earned	Cumulative GPA

III. ADDITIONAL REQUIREMENTS FOR APPLICANTS

- A. Three (3) references, one (1) of which must be from faculty members who can best assess your ability for academic success and your motivation to complete your Associate Degree at JJC. List the names, titles, addresses, and telephone numbers of your three references:

Name	Title/Position	Address	Telephone
Name	Title/Position	Address	Telephone
Name	Title/Position	Address	Telephone

- B. If applicable, please give the name, title or position, address, and telephone number of the person who first encouraged you to apply to the Peer Mentor and Leadership Program.

Name	Title/Position	Address	Telephone

If you are self-referred, please tell us how you heard about the program.

If you have participated or are a currently participant in any of the following programs, please check those that apply:

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

C. Please list other extra-curricular activities, community involvement, and other information that might help the Director of Multicultural Student Affairs during the selection process:

D. What do you hope to accomplish through participation in the Peer Mentor and Leadership Program?

E. What unique qualities do you possess as a student leader?

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

Date _____ Signature _____