



## **College Path Mentorship Program**

- Mentoring for Academic and Personal Development -

### **Mentee Application Package**

1. Mentee Application Form (Personal Statement & Essay and Mentee Agreement)
2. Medical History & Parental Consent Form
3. Contact and Release of School Records Form
4. Educational Information Form
5. One Recommendation Letter from School Guidance Counselor, Math or English Teacher
6. Current School Report Card
7. Official School Transcript
8. Free & Reduced Lunch Eligibility Letter from the School

## 1- Mentee Application & Agreement

### Personal Information

Participant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_ Gender: Male\_\_\_ Female \_\_\_

Ethnicity: White: \_\_\_ Hispanic: \_\_\_ African American: \_\_\_ Asian: \_\_\_ Other: \_\_\_

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

Relationship to Youth: Mother \_\_\_ Father \_\_\_ Other, specify: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### Personal Statement (300 word maximum) \* Required

(You may answer this question on a separate sheet if you need more space)

Please explain why you want to participate in this mentoring program and briefly describe your future academic and career goals and your expectations from the College Path Mentorship Program (CPM):



**Please initial each of the following**

\_\_\_\_\_ I understand that as a mentee participating in the College Path Mentorship Program, I must fulfill the following responsibilities:

- I. Commitment to weekly mentoring sessions and all programs associated with College Path Mentorship Program in the academic calendar.
- II. Fulfill the weekly assigned works by mentors.
- III. Take responsibility for personal growth and success.
- IV. Consistency in attendance (unless it is an emergency)
- V. Complete all the surveys or reports required by the program.

\_\_\_\_\_ I acknowledge that I may be referred for dismissal from the program if one of the following situations occur:

- I. The student fails to attend a total of 3 meetings and does not provide a valid excuse.
- II. The student does not meet his/her academic requirements and other assignments for 3 times.
- III. If the student's GPA drops below 2.5
- IV. If the student gets out of school suspension, the student may not be accepted to CPM for the following marking period.

By signing below, I attest to the truthfulness of all information listed on this application and agree to all the above terms and conditions.

Signature \_\_\_\_\_

Name \_\_\_\_\_

Date \_\_\_\_\_

**2- Medical History & Parental Consent**  
(To Be Completed by the Parent or Guardian)

Name of Primary Care Physician: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Medical Insurance Provider: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Does your child have any physical problems or limitations?

Is your son/daughter currently receiving treatment for any medical issues?

Is he/she currently on any type of medication? If so, please specify. \_\_\_\_\_

Does your son/daughter have any known allergies or adverse reactions to medications? If yes, please describe them below:

Does your son/daughter have any emotional issues or problems right now?

Is your son or daughter currently seeing a counselor or therapist?

Therapist's Name: \_\_\_\_\_

**Please read this carefully before signing**

NYA appreciates you and your child's interest in his/her becoming a mentee. This application is intended as a means of informing and gaining the consent of the parent/guardian to allow their son/daughter to participate in the Mentoring Program.

After receiving this completed application from you, we will evaluate the information and send you a letter letting you know if your child has been accepted into the mentoring program. Much of the information you supply in this application packet will be used to match your child with an appropriate mentor. Therefore, the mentoring staff may, at times, need to access and share this information with prospective mentors and other parties when it is in the best interest of the match. However, we do not reveal names until there is an initial interest from the mentee, parent/guardian, and mentor based first upon anonymous information provided about each other.

**Please initial each of the following**

\_\_\_\_\_ I give my informed consent and permission for my child to participate in the Mentorship Program and its related activities.

\_\_\_\_\_ I agree to have my child follow all mentoring program guidelines and understand that any violation on my child's part may result in suspension and/or termination of the mentoring relationship.

\_\_\_\_\_ I hereby acknowledge that in case my child is transported by his/her mentor and/or NYA staff or representatives while participating in the Mentoring Program, such transportation is voluntary and at my child's own risk.

\_\_\_\_\_ I release the NYA of all liability of injury, death, or other damages to me, my child, family, estate, heirs, or assigns that may result from his/her participation in the program, including but not limited to transportation, and hold harmless any NYA mentor, program staff, or other representatives, both collectively and individually, of any injury, physical or emotional, other than where gross negligence has been determined.

\_\_\_\_\_ I agree to allow NYA to use any image and video of my child taken while participating in the mentoring program. These images may be used in promotions or other related promotional materials.

I understand I must return all of the required items along with this application, and that any incomplete information will result in the delay of my application being processed:

By signing below, I attest to the truthfulness of all information listed on this application and agree to all the above terms and conditions.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**3- Contact and Release of School Records**  
(To Be Completed by the Parent/Guardian)

Youth's Name: \_\_\_\_\_ Date: \_\_\_\_\_

School: \_\_\_\_\_

I hereby grant permission for NYA to make contact with my child and conduct a personal interview for the purposes of applying to be a mentee. NYA may also make contact with my child on school premises for the purposes of screening and interviewing as well as ongoing support of his/her participation in the mentorship program.

I authorize NYA to obtain any needed information regarding my child from his/her school's staff, including academic and behavioral records and conversations with teachers, counselors, and other administrative staff.

Further, I understand that basic information about my child will be anonymously (without names) shared with a prospective mentor(s) to aid in determining a suitable match. Once a mentor/mentee match is determined, my and my child's identity and other relevant information will be shared with the mentor to the extent it aids in facilitating a successful match.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Parent/Guardian Name:

\_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

#### 4- Educational Information

Current High School or Academy: \_\_\_\_\_

Current Grade Level:  10th  11th  12th      Current GPA: \_\_\_\_\_

Anticipated Graduation Date: \_\_\_\_ / \_\_\_\_ (Month/Year)

Guidance Counselor Name: \_\_\_\_\_

Guidance Counselor Phone Number: \_\_\_\_\_

Guidance Counselor Email: \_\_\_\_\_

Do you aspire to attend college?  Yes  No  Undecided

Did you take the SAT/ACT or PSAT?  Yes (Test Name \_\_\_\_ Score: \_\_\_\_ )  No

Do you plan to take the SAT or ACT?  Yes  No  Undecided

Did any of your parents complete a four-year college?  Yes  No

Do you plan to take AP courses in high school?  Yes  No

##### AP Courses Currently Enrolled / Completed

###### Math:

- Algebra I (Score:\_\_\_\_)  Geometry(Score:\_\_\_\_)  Algebra II(Score:\_\_\_\_)  Pre-Calculus (Score:\_\_\_\_)  
 Calculus (Score:\_\_\_\_)

###### Science:

- General Science (Score:\_\_\_\_)  Biology (Score:\_\_\_\_)  Chemistry(Score:\_\_\_\_)  Physics (Score:\_\_\_\_)  
 Forensics (Score:\_\_\_\_)  Anatomy and Physiology (Score:\_\_\_\_)

Other: \_\_\_\_\_ (Please List)



**5- One Recommendation Letter from School Guidance Counselor, Math or English Teacher**

Please provide the following information to request a Recommendation Letter from one of your School Teacher or Guidance Counselor:

GUIDANCE COUNSELOR     LANGUAGE ARTS/ENGLISH TEACHER

MATHEMATICS TEACHER     SCIENCE TEACHER

Full Name:

Official School Email:

Please note that your reference will receive an email from us with a link. Ask him/her to log in and fill out the form there.

**6- Current School Report Card**

Please remember to send us your current school report card.

**7- Official School Transcript**

Please remember to send us your official school report transcript.

**8- Free & Reduced Lunch Eligibility Letter from the School**

Please remember to send us a "Free & Reduced Lunch Eligibility Letter" signed by a school administrator.