NORFOLK STATE UNIVERSITY
L. A. D. I. E. S.
Leaders in Academics Dedicated to Improving & Empowering Self
FEMALE MENTORING APPLICATION

□ **Fall** _____ □ **Spring** _____
Year **Year**

Please Print

ID#_____ Name_____ Age ____
0123456 Last First MI

Home Address_____ Home Telephone#_____
Number Street Apt.# (Area Code) Number

_____ Cell Phone#_____
City State Zip Code (Area Code) Number

NSU E-mail Address:_____

Dormitory Address:_____ Dorm Phone#_____

Academic Major: _____

Goals: _____

_____

What are your personal interests, favorite sports, recreation, or other activities: _____

_____

_____

Will you be employed this academic year? □ Yes □ No
If yes, how many hours will you work per week? _____

What do you hope to gain from participating in the mentoring program? _____

_____

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