

MAACS Mentoring for Academic Achievement and College Success

Mentor Application

Full Name: _____

Date: _____

I am a student at (please circle): Fairfield University Sacred Heart University
 SCSU UCONN HCC University of Bridgeport Other: _____

I am a: Sophomore Junior Senior GPA: _____

Social Security Number: _____ DOB: _____

College Address: _____

Cell Phone: _____

College E-mail: _____ Personal E-mail: _____

Home Address: _____ Zip Code: _____

Home Phone: _____

Major: _____ Will you use MAACS to fulfill a work study requirement? _____

Please attach contact information (phone number and e-mail address) for two references (college faculty, staff, or community service supervisor)

Preferred Schedule (please check all times available to mentor)

	Monday	Tuesday	Wednesday	Thursday	Friday
8:30-9:00					
9:00-9:30					
9:30-10:15					
10:30-11:15					
11:15-12:00					
12:00-12:45					
1:00-1:45					
1:45-2:30					

Do you have transportation? Y / N If yes, would you be willing to have others carpool with you? Y / N

Please answer the following on a separate sheet of paper:

1. Why do you want to mentor?
2. What do you think would be most challenging for you about being a MAACS mentor?
3. What experiences have you had that make you especially suited to guide high school students through the college application process? You may discuss activities in which you've participated, your own application process, your experience in college so far.
4. How do you see your experience with the MAACS Program influencing your future career?

I give permission to the Bridgeport Public Education Fund and the MAACS project to conduct a criminal background check. I understand that this background check will be confidential and will only be used to determine my eligibility for employment.

Applicant Signature: _____

Date: _____