

# Dimensions Mentoring Program

## MENTEE APPLICATION

GENERAL INFORMATION			
Last Name:	First Name:	Middle Name:	Preferred Name:
Prospective Major (if available):		Minor (if available):	SUID#
Classification: <input type="checkbox"/> First year student <input type="checkbox"/> Transfer student			
Ethnicity: <input type="checkbox"/> Black/ African American <input type="checkbox"/> Native American <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Multiracial: <input type="checkbox"/> Other:			
Campus/Local Mailing Address/ P.O. Box: City: State: Zip Code:			
Local Phone Number: ( ) -	Cell Phone Number: ( ) -	SU Email Address:	
Permanent Street Address/ P.O. Box:		City:	State: Zip Code:
What is the best way for a mentor to contact you during the semester? (Select all that apply):			
<input type="checkbox"/> SU Email <input type="checkbox"/> Alternate Email <input type="checkbox"/> Cell Phone			
<b>Social Media</b>			
<input type="checkbox"/> Instagram: If so, please provide your username (as listed online) _____			
<input type="checkbox"/> Facebook: If so, please provide your username (as listed online) _____			
<input type="checkbox"/> GroupMe: If so, please provide your username (as listed online) _____			
<input type="checkbox"/> Other: (please specify): _____			
<b>Please answer the following questions regarding your interest in the Dimensions Mentoring Program. (Please limit your response to one paragraph.)</b>			
<b>Why are you interested in having a mentor?</b>			
<b>What do you hope to gain from the Dimensions Mentoring Program?</b>			
<b>How do you believe the Dimensions Mentoring Program can assist you in combating these challenges?</b>			

### PROGRAM REQUIREMENTS:

- ❖ Attend the entire mandatory 7 week Dimes Series.
- ❖ Attend monthly Sistah Circles.
- ❖ Meet with your mentor consistently.
- ❖ Attend at least two OMA events per semester.

### PLEASE COMPLETE AND RETURN APPLICATION

(hand delivery, mail, fax, or email)

Office of Multicultural Affairs  
Attn: Marissa L. Willingham  
105 Schine Student center  
Syracuse, NY 13244  
Fax: (315) 443-1932  
Email: mlwill07@syr.edu