Dimensions Mentoring Program

MENTEE APPLICATION

GENERAL INFORMATION			
Last Name: **First Name:** **Middle Name:**			**Preferred Name:**
Prospective Major (if available):		**Minor (if available):**	**SUID#**
Classification: ☐First year student ☐Transfer student			
Ethnicity: ☐Black/ African American ☐Native American ☐Asian/Pacific Islander ☐Hispanic/Latino ☐ Multiracial: ☐ 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):			
☐SU Email ☐Alternate Email ☐Cell Phone			
Social Media ☐ Instagram: If so, please provide your username (as listed online) _____ ☐ Facebook: If so, please provide your username (as listed online) _____ ☐ GroupMe: If so, please provide your username (as listed online) _____ ☐ Other: (please specify):			
Please answer the following questions regarding your interest in *the Dimensions Mentoring Program.* ***(Please limit your response to one paragraph.)***			
Why are you interested in having a mentor? **What do you hope to gain from the Dimensions Mentoring Program?**			

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
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