

SUNY NEW PALTZ

SCHOLAR'S MENTORSHIP PROGRAM

APPLICATION

Name: _____ Banner#:N _____
Last First Middle Initial

Permanent Address: _____
Street Apt. City State Zip

Telephones: (HOME) _____ (CELL) _____
Area Code Number Area Code Number

Email: _____

Ethnicity: Please list your cultural identity - _____

Gender: _____

Classification: First Year Transfer

High School Attended: _____ HS Average _____

Transfers, please indicate name of previous college or university:

_____ Overall GPA _____

Intended Major/Academic Concentration: _____

Hobbies/Interests/Talents: _____

Goals: 1st Year of College - _____

Are you a first generation college student? Yes No

By signing below, I hereby give permission for my academic record to be reviewed by my assigned professional Scholar's Mentorship Program Mentor. I furthermore give the Scholar's Mentorship Program my permission to use my photograph for educational, informational or promotional reports, programs or exhibits without any payment or compensation to me.

Signature: _____ Date _____

Return form to: Scholar's Mentorship Program
State University of New York at New Paltz
1 Hawk Drive - Student Union Building - 035
New Paltz, NY 12561-2443
(845)257-2771

For Office Use Only:

<input type="checkbox"/> Faculty/Staff Mentor _____	<input type="checkbox"/> Banner # _____
<input type="checkbox"/> Peer Mentor _____	<input type="checkbox"/> BLK 175 Section _____
<input type="checkbox"/> Residence Hall/Room _____	