Academic Peer Mentor Program

Disabilities Resources: Mentee Application

**PERSONAL INFORMATION**

**FIRST NAME:**

**LAST NAME:**

**STUDENT ID #:**

**ELON EMAIL ADDR:**

**CELL PHONE NO:**

**GENDER:**

**HOMETOWN:**

**EDUCATIONAL INFORMATION**

**POSSIBLE MAJOR:**

**ACADEMIC INTEREST(S):**

**PERSONAL INTERESTS:**

**MENTOR PAIRING INFORMATION**

**DISCLOSE DISABILITY TO MENTOR? (YES/NO)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **(SIGNATURE)**

**PLEASE RATE THE IMPORTANCE OF THE FOLLOWING QUALITIES TO BE CONSIDERED WHEN MATCHING YOU WITH A MENTOR BY MARKING WITH AN “X”.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Not Important** | **Neutral** | **Important** | **Essential** |
| **Gender** |  |  |  |  |
| **Hometown** |  |  |  |  |
| **Disability** |  |  |  |  |
| **Academic Interest** |  |  |  |  |
| **Personal Interest** |  |  |  |  |

**NAME AREAS IN WHICH YOU WOULD BENEFIT FROM ASSISTANCE, GUIDANCE, MENTORING-- (I.E. ORGANIZATION, STUDY SKILLS/HABITS, RESOURCES AT ELON, NOTETAKING STRATEGIES, ETC…….)**

**WHEN YOU THINK OF A MENTOR, WHAT ATTRIBUTES DO YOU FIND TO BE MOST IMPORTANT FOR THAT PERSON TO HAVE?**

**Return to:**

Disabilities Resources – Belk Library, Suite 226

[disabilities@elon.edu](mailto:disabilities@elon.edu) (scan/email) or fax 1-336-278-6514

**WHAT IS THE BIGGEST OBSTACLE YOU FEAR MIGHT IMPEDE YOU FROM SUCCEEDING AT ELON?**