Women A&P Mentoring Program Mentee Application

Name_____

Age_____

Current Address_____

_____

Phone _____Email_____

School _____

_____

School Advisor's e-mail address:

_____

Degree working towards_____

_____

Credit hours enrolled in_____

Current standing_____

Starting date_____ Expected graduation_____

Any degrees earned_____

Military background_____

_____

Aviation industry goals_____

_____

_____

_____

If under 18 years old, your parents address and phone number.

A brief description of your interest in the Women A&P Mentoring Program.

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_____

How do you feel you can benefit from the program?

_____

_____

_____

_____

_____(Signature and Date)