

STUDENT MENTOR PROGRAM APPLICATION

Applications are due to First Year Programs, Pratt 510 by 5pm on Thursday, April 30th
(PLEASE PRINT CLEARLY)

CONTACT INFORMATION			
First Name:	Last Name:	EMPLID Number:	Date of Birth:
Address:		City, State:	Zip Code:
Home Phone:	Cell Phone:	Preferred Email Address:	

ACADEMIC HISTORY			
Academic Standing: Freshman Sophomore Junior Senior	Expected Graduation:	School of: <input type="checkbox"/> Conolly College <input type="checkbox"/> Business <input type="checkbox"/> Education <input type="checkbox"/> Health Professions <input type="checkbox"/> Nursing <input type="checkbox"/> Pharmacy	
Major:	Minor:	Cumulative GPA:	Total credits earned at LIU?
Entered as: <input type="checkbox"/> Freshman <input type="checkbox"/> Transfer		Did you ever serve as a mentor? <input type="checkbox"/> Yes <input type="checkbox"/> No	

CAMPUS INVOLVEMENT	
Check all that apply:	
<input type="checkbox"/> Honors College <input type="checkbox"/> Student Government Association <input type="checkbox"/> JumpStart <input type="checkbox"/> America Reads Program <input type="checkbox"/> Student Mentor <input type="checkbox"/> Student Ambassador <input type="checkbox"/> Honor Society (List: _____) <input type="checkbox"/> OTHER:	<input type="checkbox"/> Athletics (Sport: _____) <input type="checkbox"/> Residence Life (Position: _____) <input type="checkbox"/> Greek Involvement (List: _____) <input type="checkbox"/> Club/Organization (List: _____)

LEADERSHIP EXPERIENCE	
Please list leadership position held (i.e. committee involvement, club activity, sports, office held, community service) If you are a freshman, you may indicate involvement in high school.	
Title/Position	Dates

EMPLOYMENT HISTORY

Do you work during the school year? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how many hours per week? <input type="checkbox"/> 1-5 <input type="checkbox"/> 5-10 <input type="checkbox"/> 10-15 <input type="checkbox"/> 15-20 <input type="checkbox"/> 20-30 <input type="checkbox"/> 40+
Where you do work?	Length of time you have been working there?
Do you participate in the Work Study Program? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, where?

PERSONAL STATEMENT

Write a 1-2 page personal statement explaining how you would define success in college.

I certify that all statements on this application are true and complete to the best of my knowledge and belief. If employed, I understand any falsification of this record may be considered cause for separation. I hereby grant permission for First Year Programs to access my grade point average, enrollment status and judicial/conduct records to verify any information I have provided on this application.

APPLICANT SIGNATURE

DATE

STUDENT MENTOR RECOMMENDATION FORM

TO THE APPLICANT: Please complete the top portion of this form before giving it to your recommender. You will need to provide one recommendation from a faculty member, advisor or administrator who knows you well. Please include your recommendation along with your application.

Name: _____ I hereby **retain** my right to review this recommendation
 EMPLID Number: _____ I hereby **waive** my right to review this recommendation

TO THE RECOMMENDER: This student is applying for the position of Student Mentor. In this capacity, he/she will be responsible for assisting new students during their first year at Long Island University. Student Mentors are asked to be positive role models, assist the student in their transition to college and create an atmosphere of respect and community. The purpose of this recommendation is to get a sense of the candidates potential for the Student Mentor position. Should you have any questions, please contact **Vanessa Gonzalez, First Year Programs, 718-488-1435**. Thank You

CONTACT INFORMATION		
First Name:	Last Name:	Position:
Department:	Phone:	Length of time you have known applicant:

SECTION ONE: Please rate the applicant on each of the following characteristics relative to other students you have known. Please give your honest and fair appraisal of the applicants ability to meet the below criteria.

	Outstanding	Above Satisfactory	Satisfactory	Needs Improvement	Unsatisfactory	Unable to evaluate
Communication						
Creativity						
Group Interaction						
Leadership Ability						
Maturity						
Motivation						
Positive Attitude						
Responsible/Dependable						

SECTION TWO: Any additional comments are welcomed on the personal qualities of the applicant that you may feel are pertinent to the Student Mentor position. Please add any additional materials

OVERALL RECOMMENDATION: (please circle)

HIGHLY RECOMMEND RECOMMEND RECOMMEND WITH RESERVATION DO NOT RECOMMEND

 Signature

 Date