



BUSINESS DIVISION STUDENT MENTORSHIP PROGRAM APPLICATION

Return completed applications to the Business Division Office (B213) by 6:00pm on Friday September 12, 2014.

CONTACT INFORMATION

Name: _____ Student ID: _____

Email: _____ Phone: (____) ____-_____

EDUCATIONAL EXPERIENCE

Number of units completed with a C or better: _____

Number of units in progress: _____

Current GPA: _____

Major: _____ Check one: Degree Certificate

Do you intend to transfer to a 4-year university? Yes No

When do you plan to graduate from SCC? _____

Career objective: _____

The faculty member who supports your participation in this program: _____

WORK EXPERIENCE

List your most recent job. If still working there, write "currently employed" in the "End date" section.

Position: _____ **Organization:** _____

Start date (month/year): _____ **End date (month/year):** _____

Hours worked per week: _____

Brief description of duties: _____

INTERN OR VOLUNTEER EXPERIENCE

List up to three intern or volunteer positions, starting with the most recent. If still working there, write "currently working" in the "End date" section.

Position 1: _____ Organization: _____

Start date (month/year): _____ End date (month/year): _____

Hours worked per week: _____

Brief description of duties: _____

Position 2: _____ Organization: _____

Start date (month/year): _____ End date (month/year): _____

Hours worked per week: _____

Brief description of duties: _____

Position 3: _____ Organization: _____

Start date (month/year): _____ End date (month/year): _____

Hours worked per week: _____

Brief description of duties: _____

OTHER INFORMATION

Why would you like to participate in this program? _____

Do you have any questions about the program? _____
