IKU	TRiO Student Support Service Mentor Application	es 🖉
Name:	Date:	
	Department:	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
	Work phone:	
	Supervisor's name:	
	Attach additional sheet if more space is needed.	
	Mentoring Information	
Were you previously a TRiO r	mentor? 🗆 No 🗆 Yes If yes, w	hen?
Are you willing to attend an in	nitial two-hour training session? \Box I	No 🗆 Yes
Are you willing to meet with a	a TRiO student at least twice per mor	th, including planned activities
\Box No \Box Yes If no,	, explain:	
Can you commit to participating	t in the TRIO	o communicate regularly and
Mentoring Program for a minim from the time you are matched v	um of one year openly with TRiC) staff, provide monthly ding your mentoring activities,
\Box No \Box Yes		ack regarding any difficulties cipation in the mentoring program?
Explain why you want to be a 1	mentor:	
What outcomes do you want fr	om this relationship?	
Listhekkies evolities enough	alilla on other attailantes soon faal soon	have that would have fit a TD:
mentee:	skins of other attributes you reef you	have that would benefit a TKIC
Describe a situation in which y	ou were involved with another stude	nt/adult and which demonstrates
that you are a good listener, em	npathic, and that you promote the we	lfare of others:
What major (s) would you pref	om this relationship?	
If you are fluent in another land	guage, please list all:	
T-Shirts are provided to those s	selected, what size do you require?	S M L XL Other
I certify that the statements made i	in this application are true and correct. ar	nd are given voluntarily.
Applicant's Signature:		Date