324 Wiecking Center Mankato, MN 56001 (507) 389-1211



**Date of Application** 

## **Residence Hall Mentor Application**

NAME		TECH ID (if an MSU student)		
CURRENT ADDRESS:  PERMANENT ADDRESS:		PHONE #(S)  E-MAIL ADDRESS:		
PREVIOUS EXPERIENC	E WITH UPWARD BOUN	D or similar progra	nms	
PAST AND PRESENT LE	ADERSHIP RESPONSIBII	LITIES		
INTERESTS, HOBBIES (	Please list)			
What skills and knowledge	e do you possess that would	benefit this progran	n?	

**Continued on back** 

n your opinion, what role does discipline play in the development of adolescents?					
Why are you interested in this program?					
	RE	EFERENCES			
		. They should be people who have som	ne familiarity with how you		
	#1	#2	#3		
NAME:					
TITLE/POSITION:					
ADDRESS:					
E-MAIL:					
PHONE NUMBER:					
	Do not write in the box b	elow. For Upward Bound use only.			
Date Received	Date Reviewed	Position Awarded ( )Ye Date given_			
		Other application dispo	sition and reason:		