



## 2011-2012 HAWL MENTORING PROGRAM APPLICATION

NAME: \_\_\_\_\_

ANTICIPATED GRADUATION DATE: OR GRADUATION DATE \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

INTERESTED AREAS OF PRACTICE: \_\_\_\_\_

HOBBIES/INTERESTS: \_\_\_\_\_

When (e.g., at lunch, at night, Fridays, weekends, etc.) and where (Tampa, St. Petersburg, etc.) do you prefer to meet with your mentor? Please also specify any other commitments that will affect your availability to meet with your mentor.

\_\_\_\_\_  
\_\_\_\_\_

What do you hope to gain from participating in the mentoring program?

\_\_\_\_\_  
\_\_\_\_\_

If you participated in the program last year, would you like to be matched with your previous mentor? If so, please provide your mentor's name.

\_\_\_\_\_

After interviewing the mentors, please list in order of preference, the mentor with whom you would like to be paired:

1. \_\_\_\_\_ 4. \_\_\_\_\_
2. \_\_\_\_\_ 5. \_\_\_\_\_
3. \_\_\_\_\_

Comments/Other considerations \_\_\_\_\_

\_\_\_\_\_