

**SUNY NEW PALTZ  
SCHOLAR'S MENTORSHIP PROGRAM**

**APPLICATION**

**Name:** \_\_\_\_\_ **SS#:** XXX - XX -  
Last First Middle Initial

**Permanent Address:** \_\_\_\_\_  
Street Apt. City State Zip

**Telephones:** \_\_\_\_\_ (HOME) \_\_\_\_\_ (CELL)  
Area Code Number Area Code Number

**Ethnicity:**  African/African American  Afro-Caribbean  
 Asian (specify group) \_\_\_\_\_  Latino/Latina \_\_\_\_\_  
 Native American  Other (specify group) \_\_\_\_\_

**Gender:**  Female  Male

**Classification:**  First Year  Sophomore  Junior  Transfer

**High School Attended:** \_\_\_\_\_ HS Average \_\_\_\_\_

**Transfers, please indicate name of previous college or university:**  
\_\_\_\_\_  
Overall GPA \_\_\_\_\_

**Intended Major/Academic Concentration:** \_\_\_\_\_  
\_\_\_\_\_

**Hobbies/Interests:** \_\_\_\_\_  
\_\_\_\_\_

**Goals:** \_\_\_\_\_  
\_\_\_\_\_

**Are you a first generation college student?**  Yes  No

By signing below, I hereby give permission for my academic record to be reviewed by my assigned professional Scholar's Mentorship Program mentor. I furthermore give the Scholar's Mentorship Program my permission to use my photograph for educational, informational or promotional reports, programs or exhibits without any payment or compensation to me.

**Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

Return form to: Scholar's Mentorship Program  
State University of New York at New Paltz  
1 Hawk Drive - Faculty Office Building West 2  
New Paltz, NY 12561-2443  
(845)257-2760



**For Office Use Only:**

|   |  |
|---|--|
| <input type="checkbox"/> Faculty/Staff Mentor _____ | <input type="checkbox"/> Banner # _____        |
| <input type="checkbox"/> Peer Mentor _____          | <input type="checkbox"/> BLK 175 Section _____ |
| <input type="checkbox"/> Residence Hall _____       | <input type="checkbox"/> Room _____            |