



New Paltz

STATE UNIVERSITY OF NEW YORK

Office of Veteran & Military Services
1 Hawk Drive, New Paltz, NY 12561-2439

PROTÉGÉ APPLICATION

PERSONAL INFORMATION:

Please type or print:

Last Name First MI

E-mail Telephone Number (_____) _____

Gender: Male Female Non-binary Prefer to self-describe: _____

Emergency Contact Telephone Number (_____) _____

Relationship Work Number (_____) _____

SCHOOL INFORMATION:

1. Major/Minor: _____

2. List the classes you are taking this semester:

3. What are your favorite subjects? _____

4. What subjects do you feel you need help with? _____

YOUR INTERESTS:

1. What are your hobbies and interests?

2. Do you participate in any extracurricular activities outside of school (e.g., Boy/Girl Scouts, youth programs, sports, clubs, etc.)?
If yes, explain:

3. What is your career goal or what types of careers interest you?

4. Do you plan on attending graduate school? Yes No

5. What would you like to learn more about or become better at with the help of a mentor?

MILITARY EXPERIENCE (IF APPLICABLE):

Branch of Service: _____ Dates: _____

Rank/Rate at time of discharge: _____

Last duty station, dates: _____

Deployments (number and location): _____

DEPENDENT INFORMATION (IF APPLICABLE):

Sponsor's branch of service: _____ Dates: _____

Sponsor currently deployed? Yes No

MATCH INFORMATION:

What days of the week are you available to participate? (check all that apply):

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

What is the best time for you to participate? (check all that apply):

Mornings Afternoons Evenings Weekends

What three words best describe you?

COMMENTS OR QUESTIONS: