



# MENTORING APPLICATION PROTÉGÉ

Power is the Talents, Abilities, Skills, Knowledge and Strategies you use as leverage to control your destiny. Control over the choices of your life helps you achieve your most powerful purpose. The reason for this form is to give us information to see how we might help you along your Passage to achieving this POWER. Please be as complete, honest and thorough as you possibly can. The more we know about you, the better chance we have to match you with the right mentor.

### Personal Information:

Gender: (Check One)  Male  Female

Name \_\_\_\_\_  
                    First                    Middle                    Last

Address \_\_\_\_\_  
                    Street                    City                    State                    ZIP

Home phone \_\_\_\_\_ E-mail address \_\_\_\_\_

Mother /Guardian name \_\_\_\_\_

Work phone \_\_\_\_\_ Occupation \_\_\_\_\_

Father /Guardian name \_\_\_\_\_

Work phone \_\_\_\_\_ Occupation \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Home phone \_\_\_\_\_

Work phone \_\_\_\_\_ Relationship \_\_\_\_\_

### School Information:

1. Name of Your School: \_\_\_\_\_ Grade \_\_\_\_\_

2. List the classes you are taking this year:


3. What are your favorite subjects?


4. What subjects do you feel less sure about?




**MENTORING APPLICATION**  
**PROTÉGÉ**

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**Your Interests:**

1. What are your hobbies and interests? How can these help you gain your true power?


2. What extracurricular activities outside of school do you participate in: (e.g., Boy/Girl Scouts, youth programs)?, explain how you think these might help you gain your full power?


3. What is your vision for yourself when you are grown?


4. What do you know about how college can help you achieve your power?


5. How do you think a mentor can help you on your passage to power?


6. How do you think you can help your mentor on his passage to power? **(What strengths do you bring to the relationship?)**


**Favorites:**

What is your favorite...

Food
Color
Person
Book
Movie
Song
Musical Group:



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### 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? \_\_\_\_\_

What medical conditions currently exist that the program must be aware of? List all that apply.

All Allergies (Food or otherwise):

Behavioral Issues:

Concentration and Focus Issues:

Other conditions:

Please prepare a short essay (1 Full Page, single-spaced, in your own handwriting [not typed or printed please]) explaining what you know about 100 Black Men, what you **expect** out of the mentoring program and your current feelings and **anticipations** about participating in the program. Please make this a separate sheet and attach to this application.

*Parents please do not assist in this essay, no matter the student's age. We want to know the level of performance on this task of your protégé and will use it to determine what level of assistance we might be able to provide.*

Submitting this form does not guarantee that you will be provided with a mentor from the 100 Black Men of Maryland. It merely gives us a point of departure to see if we possess the resources to help you meet your goals.