

100 BLACK MEN OF CENTRAL ILLINOIS, INC. MENTEE APPLICATION

Student Contact Information	Stuc	lent	Contact	Information:
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Student's Name

First Last Middle/Initial Birth Date

Address

ZIP City Street State

Phone E-mail address

School Information:

School District School Name Grade Level

Years in the district?

If this is your first year, where did you previously attend school?

Parent Contact Information:

Father/Guardian's name

Middle/Initial First Last

E-mail address Phone

> Email Evening Afternoon

Best time of day? Morning Phone Call

Best way to reach you? Best days of the week? M SU Text Message

Mother/Guardian's name

Middle/Initial First Last

E-mail address Phone

(Cell, Home, or Work) Email Best time of day? Morning Afternoon Evening

Phone Call Best way to reach you?

Best days of the week? M TH SU Text Message

Emergency Contact Information:

Contact's name

First Last Middle/Initial

Phone Relationship

(Cell, Home, or Work)

(Cell, Home, or Work)

M4L Mentee Application



100 BLACK MEN OF CENTRAL ILLINOIS, INC. **MENTEE APPLICATION**

Student Information:

1. Describe the type of student you are:
2. Have you ever been suspended from school (in or out of school)? If so, when and how long?
3. What is your current GPA? (High school student)
Student Interests/Favorites:
1. What are your favorite classes/subjects?
2. What are your hobbies and interests?
3. Do you plan on attending college?
4. What are your favorites? (could be food, color, book, song all of the above)
Additional Information:
Any other information you would like to share?

Please return application by one method below: Email: mentoring@100bmci.org

or

Mail to: 100 Black Men of Central Illinois, Inc.

P.O. Box 930

Bloomington, IL 61702-0930