2015 SCHOLAR INFORMATION FORM

Full Name: __________________________________________

Email: _____________________________________________

Phone: ____________________________________________

Family Contact Name/Phone\(^1\): _____________________________________________________

Shirt Size: _________________________________________

Classification: ☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior

Major: _____________________________________________

Address (Give street address if you live off-campus. If you live on-campus, please give your residence hall.): __________________________________________________________

Career Interest(s): ________________________________________________________________

Hometown/Country: ______________________________________________________________

Hobbies/Interests: ________________________________________________________________

Student Involvement (e.g. organizations, memberships, activities):

____________________________________________________________________________________
____________________________________________________________________________________

1. How would you describe your personality (e.g. open, gregarious, private, high achiever, quiet, prefer/need structure, assertive, etc.)?

____________________________________________________________________________________
____________________________________________________________________________________

2. What experiences are you willing to share with your mentor (e.g. one-on-one talks, social outings, community activities, shadow at work, etc.)?

____________________________________________________________________________________
____________________________________________________________________________________

\(^1\) “Family” is an inclusive term, meaning your parent(s)/guardian(s) or up to two people who you determine have a primary interest in your academic and personal success at SLU.

The mission of AAMS is to provide programs, services, and experiences that will connect African American male students to University, social, and community resources that will facilitate their academic and personal success.
3. **In what areas do you would you particularly like help from your mentor?**
______________________________________________________________________________
______________________________________________________________________________

4. **What do you hope to gain from the mentoring relationship?**
______________________________________________________________________________
______________________________________________________________________________

5. **Is there anything else you think may be helpful in matching you with a mentor?**
______________________________________________________________________________
______________________________________________________________________________

6. **What is the best way to contact you?**

   - [ ] Phone  
   - [ ] Email

7. **How often do you prefer to meet with your mentor? (Please select one.)**

   - [ ] Weekly
   - [ ] Bi-weekly
   - [ ] Monthly

Please submit your completed questionnaire to Joshua Jones, AAMS Graduate Assistant, in Center for Global Citizenship Room 134a. If you have any questions about this form, please call (314) 977-2567 or (314) 977-2119, or email aams@slu.edu

Note: All information on this form will be shared only with AAMS staff and stakeholders to create the best mentor/mentee matches.