



MENTEE APPLICATION

Name	Date	
E-mail	Phone #	
School	Major/GPA	
Emergency Contact Name/Phone #		
SAME Membership Level: # years as SAME member:	Young Member Member	Scholarship Recipient (Year:) College Student (Year:)
Mentor Preferences: No preference	No preference SAME Fellow	Young Member SAME Member
	No preference Same gender (M F) Similar interests Other (indicate):	Specific age range Specific profession
What do you hope to accomplish as a SAME mentee?		
Have you been mentored before? What worked and what didn't work?		
What are your academic and career goals?		
What are your extracurricular activities? (Briefly describe roles/responsibilities, length of service, etc)		
Describe your work and technical skills.		
Additional experiences		
Licenses and Certifications		
Education		
Continuing Education		
Involvement in SAME		
What are your passions, hobbies, talents and interests?		
Reading (Genre):	Music (Genre):	
Outdoor activities:	Sports:	
Volunteer (describe):		
Other (indicate):		
Please send applications to Elisa Hammer: elisa.hammer@me.com		
Signature:		