

STOCKTON UNIVERSITY
**WOMEN'S
LEADERSHIP COUNCIL**

MENTORING PROGRAM

Protégé Application

Name: _____

Z# or Class Year: _____

Personal Email: _____

Cell Phone: _____

Major: _____

Anticipated graduation date (Undergraduate): _____

Anticipated graduation date (Graduate): _____

Home/Permanent Address _____

Campus address if applicable: _____

What industry are you most interested in receiving a mentor for? (i.e. finance, accounting, sports, nonprofit, the arts, communication, government, healthcare, higher education, etc.)

Briefly summarize your educational and career goals: _____

List your favorite hobbies: _____

What is your weekly availability? _____

How often are you willing to meet? _____

What type of relationship would you like to have with your mentor?

Short term: _____ Long term: _____

In the attributes below, I would rate myself predominately...(please select one in each row)

1. Intuitive _____ Analytical _____
2. Extrovert _____ Introvert _____
3. Risk-taking _____ Cautious _____
4. Decisive _____ Methodical _____
5. Plans ahead _____ Spur of the moment _____

You prefer which of the following means of communication? Check all that apply. (Please note the expectation is three face-to-face meetings per semester)

Email

Phone

Skype/Face Time

In person

Texting

Which of the following aspects of mentoring most interests you?

| | <u>Strongly Interested</u> | | <u>Neutral</u> | | <u>Not Interested</u> |
|--|--------------------------------|---|----------------|---|---------------------------|
| | 1 | 2 | 3 | 4 | 5 |
| Receiving career advice, support and guidance | | | | | |
| Receiving general life and soft skills support | | | | | |
| Moral support and encouragement | | | | | |
| Sponsorship and/or long term relationship | | | | | |

Other: _____

Please submit your resume with your application.