



Student/Mentor Matching Form

Date: _____

Student Name: _____

Phone Number:() _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Email address: _____

High School Graduate? _____ Yes _____ No _____

Name of High School: _____ Year Graduated: _____

Other Colleges Attended: _____

College Units Completed: _____

Please describe your educational interest and goal:

Major: _____

Do you plan to transfer to a four-year university? _____ Yes _____ No

Are you working while attending school? _____ Yes _____ No

Please describe your ideal mentor and expectations for the relationship:

The Puente Project

Please list any special interests or hobbies that will help us find a mentor for you.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Comments:

Thank you!

Please return this form to the Puente counselor or teacher. Answering these questions is voluntary. The information will remain confidential and will be used to assist in matching you with a mentor from the professional community.