



**Student Support Services  
Application for Mentor**

**NAME:**

**AIMS ID:**

**ADDRESS:**

**HOME PHONE:**

**CELL:**

**EMAIL:**

**MENTOR TYPE:**

**PROFESSIONAL**

**ACADEMIC**

**MAJOR:**

**2 YEAR DEGREE**

**TRANSFER TO 4 YR**

**AREA OF INTEREST:**

**FULL TIME STUDENT**

**PART-TIME STUDENT**

**STATEMENT OF INTEREST** (Write a paragraph on what benefits you would like to receive by obtaining a mentor.)

**RETURN TO:**

Kim Wallin.

Tutoring and Mentoring Coordinator

Student Support Services

Horizon Hall #344

970-339-6383