

# Hilltop Mentors

## Hilltop Leadership Development

Student Life • St. Edward's University



### Mentee Profile and Application

Please fill out the following information:

Are you a new student at St. Edward's University?  Yes  No

(You must be a first year student at the university to apply)  Freshman  Transfer

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Preferred Name/Nickname: \_\_\_\_\_ Student ID Number: \_\_\_\_\_

Classification: \_\_\_\_\_ Class Hours: \_\_\_\_\_

Major: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address (Permanent): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Local Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Gender:  Male  Female  Self-Identified

Race:  Asian  Black  Hispanic  Native American  White

Other (please describe): \_\_\_\_\_

Anticipated first semester at St. Edward's University:  Fall  Spring  Summer Year \_\_\_\_\_

**Please answer the following questions. Answers will be use to effectively match you with a mentor.**

1. What high school/community activities are/were you involved in? What role did you play?

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2. Are you a first generation college student (i.e., parents did not attend/complete college)?  Yes  No

Please turn over...

3. Indicate the ideal characteristics of your mentor:

- a.  Faculty member  Staff member  No Preference
- b.  Academic Area or Department: \_\_\_\_\_  No Preference
- c.  Race/Ethnicity: \_\_\_\_\_  No Preference
- d. Gender:  Male  Female  Self-identified  No Preference
- e. Religious Affiliation: \_\_\_\_\_  No Preference
- f. Personality Type: \_\_\_\_\_  No Preference

From the list above, choose the letter (A–F) of the preference most important to you:

- A  B  C  D  E  F

4. Are you currently participating in Topper Transitions?  Yes  No

5. What is your goal for the mentoring relationship?

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6. What do you hope to gain from participating in the program?

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7. What additional information would you like to share that may help us make an appropriate mentor match?

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### Statement of Intent

By signing and submitting this form, I agree to:

- Actively participate in events and programs sponsored by Hilltop Mentors.
- Keep regular contact or schedule appointments with my mentor for one full academic year. (Suggested at least once per week, minimally once every two weeks)
- Contact Hilltop Mentors staff or my mentor if I begin having problems related to my first year experience at St. Edward's University.
- Notify Hilltop Mentors staff if I am dissatisfied with my mentoring relationship.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Although we may not be able to accommodate all of your preferences, we strive to accommodate as many as possible. If you have additional comments or questions, please contact **Hilltop Mentors** at **512-448-8422** or **leslies@stedwards.edu**.

*Please note: the information provided on this form is strictly confidential. The only persons who have access to this information are your mentor and the Hilltop Mentors staff. All student files are properly secured at all times.*