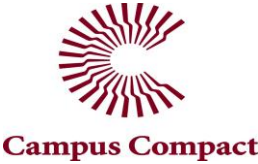


C2C CONNECT2COMPLETE PROGRAM



PEER ADVOCATE APPLICATION FORM

NAME				STUDENT ID#	
MALE		FEMALE		E-MAIL ADDRESS	
DATE OF BIRTH					
PRIMARY PHONE NUMBER			CELLULAR NUMBER		WORK NUMBER
MAJOR		CAMPUS	CREDIT HOURS COMPLETED		G.P.A.
PLEASE CHOOSE ONE OF THE FOLLOWING: <input type="checkbox"/> AMERICAN INDIAN OR ALASKAN NATIVE <input type="checkbox"/> ASIAN OR PACIFIC ISLANDER					
<input type="checkbox"/> BLACK OR AFRICAN AMERICAN <input type="checkbox"/> NATIVE HAWAIIAN <input type="checkbox"/> CAUCASIAN <input type="checkbox"/> OTHER					
PLEASE CHOOSE ONE OF THE FOLLOWING: ETHNICITY: <input type="checkbox"/> HISPANIC <input type="checkbox"/> NONE-HISPANIC <input type="checkbox"/> MULTICULTURAL <input type="checkbox"/> OTHER					
HIGH SCHOOL ATTENDED				EXPECTED BC GRADUATION DATE	
DO YOU HAVE ANY PREVIOUS EXPERIENCE PARTICIPATING IN A MENTORING PROGRAM? <input type="checkbox"/> YES <input type="checkbox"/> NO					
IF YES, PLEASE EXPLAIN: _____ _____					
WHAT ACTIVITIES HAVE YOU BEEN INVOLVED WITH IN YOUR COMMUNITY (INCLUDE SCHOOL AND CHURCH): _____ _____					
PLEASE CHECK ANY SPECIAL INTERESTS WHICH MAY BE HELPFUL IN MATCHING YOU AND YOUR C2C STUDENT:					
<input type="checkbox"/> ART	<input type="checkbox"/> BOWLING	<input type="checkbox"/> CAMPUS CLUBS	<input type="checkbox"/> READING	OTHER: _____	
<input type="checkbox"/> OUT DOORS	<input type="checkbox"/> BOARD GAMES	<input type="checkbox"/> COMMUNITY SERVICE	<input type="checkbox"/> SPORTS	_____	
<input type="checkbox"/> DANCING	<input type="checkbox"/> GYM/FITNESS	<input type="checkbox"/> COMPUTERS	<input type="checkbox"/> VIDEO GAMES	_____	
<input type="checkbox"/> HEALTH/WELLNESS	<input type="checkbox"/> MOVIES	<input type="checkbox"/> MUSIC			
PLEASE CHECK THE REASONS WHY YOU HAVE CHOSEN TO PARTICIPATE IN THE CONNECT2COMPLETE PROGRAM.					
<input type="checkbox"/> SCHOLARSHIP OPPORTUNITY			<input type="checkbox"/> FAMILIARIZE STUDENTS WITH COLLEGE RESOURCES AND SERVICES		
<input type="checkbox"/> PROVIDE A POSITIVE SUPPORT SYSTEM FOR STUDENTS			<input type="checkbox"/> HELP STUDENTS DEVELOP A POSITIVE IDENTIFICATION WITH THE COLLEGE		
<input type="checkbox"/> TO INSPIRE YOUNG PEOPLE			<input type="checkbox"/> EARN SERVICE HOURS		
<input type="checkbox"/> HELP STUDENTS NAVIGATE THE COLLEGE SYSTEM SUCCESSFULLY			OTHER: _____		
WHAT TWO STRENGTHS DO YOU POSSESS AND HOW DO YOU BELIEVE THEY WILL CONTRIBUTE TO THE SUCCESS OF THE C2C PROGRAM?					
STRENGTH #1 _____ _____ _____			STRENGTH #2 _____ _____ _____		
LIST THE NAME AND TELEPHONE NUMBER OF ONE PROFESSOR AND A PROFESSIONAL REFERENCE YOU HAVE KNOWN FOR AT LEAST 2 MONTHS.					
REFERENCE #1 NAME & TEL.# _____ RELATIONSHIP _____ LENGTH OF TIME KNOWN TO STUDENT: _____			REFERENCE #2 NAME & TEL.# _____ RELATIONSHIP _____ LENGTH OF TIME KNOWN TO STUDENT: _____		
<i>PLEASE ATTACH A LIST OF YOUR WORK EXPERIENCE AND YOUR COMMUNITY ACTIVITIES AND A LETTER OF RECOMMENDATION ALONG WITH YOUR APPLICATION</i>					
SIGNATURE				DATE	
INTERNAL USE ONLY – PLEASE DO NOT WRITE BELOW THIS LINE.					
DATE RECEIVED	ACCEPTED <input type="checkbox"/> YES <input type="checkbox"/> NO	ORIENTATION DATE:	APPROVAL SIGNATURE		

You can submit completed application to:
South Campus, building 68 room 100
Central Campus, building 19 room 130
North Campus, building 46 room 220