



The Mentoring Institute

Office of Graduate Student Diversity Programs
 P.O. Box 400882 • Charlottesville, VA 22904
 Fax: (434) 243-2140

FOR OFFICE USE ONLY
Eligibility: <input type="checkbox"/> FG <input type="checkbox"/> AD <input type="checkbox"/> G <input type="checkbox"/> UI <input type="checkbox"/> Other
Date of entry: _____
Denied for: _____

Program Participant Application

Last Name	First Name	Middle Initial
------------------	-------------------	-----------------------

Current Address

City	State	ZIP Code
-------------	--------------	-----------------

E-mail Address	Home Phone Number	Cell Phone Number
-----------------------	--------------------------	--------------------------

Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	Citizenship <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent Resident
---	----------------------	--

Ethnicity <input type="checkbox"/> African American <input type="checkbox"/> Asian American <input type="checkbox"/> European American <input type="checkbox"/> Latino American <input type="checkbox"/> Native American <input type="checkbox"/> Multiracial American	Parent/Guardian Educational Background Highest educational degree earned by Mother/Guardian: _____ Father/Guardian: _____	Educational Background Undergraduate Institution: _____ Degree Conferred/Year: _____	University of Virginia Academic/Major Discipline: _____ Degree Objective: _____
---	---	---	--

Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Married <input type="checkbox"/> Widowed	Financial Aid Status Did you receive funding from your department? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify: _____ _____	Program Membership <input type="checkbox"/> McNair Scholars <input type="checkbox"/> The Leadership Alliance <input type="checkbox"/> Institute for the Recruitment of Teachers <input type="checkbox"/> Mellon Mays Undergraduate Fellowship
Number of Children		

All applicants must complete and submit the following documents for the application to be reviewed:

- The Mentoring Institute program participant application
- The Mentoring Institute mentee profile form
- UVA graduate school statement of purpose
- Resume/Curriculum Vitae



**Mentee Profile Form
The Mentoring Institute**

Full Name: _____

Home Address:

(Street)

(City) (State) (ZIP Code)

E-mail Address: _____ **Telephone Number:** _____

Ethnicity: African American Asian American
 Latino American Native American
 Multiracial American

Gender: Male Female

Academic/Major Discipline: _____ **Degree Objective:** _____

What are your career interests? (Please briefly explain.)

What do you hope to gain from your faculty mentor?

What workshops would you like the Mentoring Institute to conduct? (Please check all that apply.)

- | | |
|---|---|
| <input type="checkbox"/> Academic Writing | <input type="checkbox"/> Professional Conferences |
| <input type="checkbox"/> Administrative | <input type="checkbox"/> Promotion/Reappointment |
| <input type="checkbox"/> Career | <input type="checkbox"/> Publishing |
| <input type="checkbox"/> Clinical Care | <input type="checkbox"/> Recognize Cultural, Gender, Sexual
Orientation, Religious, Socioeconomic Status,
and/or Race Differences |
| <input type="checkbox"/> Curriculum Vitae/Resume | <input type="checkbox"/> Research |
| <input type="checkbox"/> Disclosure of Sexual Orientation | <input type="checkbox"/> Set Up Lab |
| <input type="checkbox"/> Family/Work Balance | <input type="checkbox"/> Tenure |
| <input type="checkbox"/> Grants | <input type="checkbox"/> Teaching |
| <input type="checkbox"/> Internship Process | <input type="checkbox"/> Technology |
| <input type="checkbox"/> Networking | <input type="checkbox"/> Understanding Institutional Processes |
| <input type="checkbox"/> Personal Concerns | <input type="checkbox"/> Other (please specify): _____ |
| <input type="checkbox"/> Presenting Paper | |

How would you like to communicate with your mentor? (Please select all that apply.)

- Face-to-face E-mail Phone

On a scale of 1 (less important) to 5 (extremely important), please rank in order of preference mentor characteristics.

____ Same ethnicity

____ Same career interests

____ Same gender

____ Same academic discipline