

# Men in Motion (MIM) MENTORING PROGRAM PARTICIPANT APPLICATION

Today's Date: \_\_\_ / \_\_\_ / \_\_\_

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

Date of Birth: \_\_\_ / \_\_\_ / \_\_\_ Grade: \_\_\_ Age: \_\_\_

Home Address (*for mailing purposes*):  
\_\_\_\_\_

Your E-mail Address: \_\_\_\_\_

Home Phone: ( \_\_\_ ) \_\_\_ - \_\_\_ Mom's Cell Phone: ( \_\_\_ ) \_\_\_ - \_\_\_

Dad's Cell Phone: ( \_\_\_ ) \_\_\_ - \_\_\_

Emergency Contact: \_\_\_\_\_ Phone: ( \_\_\_ ) \_\_\_ - \_\_\_

Relationship to Participant: \_\_\_\_\_

Language(s) spoken: \_\_\_\_\_

(*for funding purposes only*) Ethnicity: \_\_\_\_\_

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## PARENT INFORMATION

Mother/Guardian's Name: \_\_\_\_\_

Primary Language Spoken: \_\_\_\_\_

Address (if different from participant's):  
\_\_\_\_\_

If employed, Employer's Name: \_\_\_\_\_

Work Phone: ( \_\_\_ ) \_\_\_ - \_\_\_

Father/Guardian's Name: \_\_\_\_\_

Primary Language Spoken: \_\_\_\_\_

Address (if different from participant's):  
\_\_\_\_\_

If employed, Employer's Name: \_\_\_\_\_

Work Phone: ( \_\_\_ ) \_\_\_ - \_\_\_

What is your family's total income? (for funding purposes only):

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Under 10,000  | <input type="checkbox"/> 10,000-20,000 | <input type="checkbox"/> 20,001-30,000 |
| <input type="checkbox"/> 30,001-40,000 | <input type="checkbox"/> 40,001-50,000 | <input type="checkbox"/> 50,001-60,000 |
| <input type="checkbox"/> 60,001-70,000 | <input type="checkbox"/> 70,001-80,000 | <input type="checkbox"/> Above 80,000  |

Why are you seeking help from The MIM at this time?

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What are your educational goals?

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Hobbies:

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How did your family find out about MIM?

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**Please submit the participant's latest report card with this application.**

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
MIM Representative Signature

\_\_\_\_\_  
Date

***Thank you for your interest!***

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