SCHOLAR – Peer Mentor Program
Mentor Application
Ferris State University, Retention and Student Success
820 Campus Drive, ASC 1021
Big Rapids, MI 49307-2225
Toll Free: 1-800-433-7747 x5976
Office: (231) 591-5976 - Fax: (231) 591-3060
Email: scholarmentoring@ferris.edu

Name: ____________________________  Semester: ________  Date: __________

Local Address: ____________________________  Student ID No: __________________
________________________________________________________________________
Telephone No: __________________

Email Address: ____________________________  Program: ____________________________

If you need additional space to answer the following questions, attach a sheet of paper to this application.

1. Explain your reasons for applying to be a peer mentor: ________________________________________________________________
_____________________________________________________________________________________________________________________________________
_____________________________________________________________________________________________________________________________________
_____________________________________________________________________________________________________________________________________

2. List your skills, abilities and experiences and how they relate to mentoring: __________________
_____________________________________________________________________________________________________________________________________
_____________________________________________________________________________________________________________________________________
_____________________________________________________________________________________________________________________________________

3. Why is it important for a first year student to have a good role model and mentor?
_____________________________________________________________________________________________________________________________________
_____________________________________________________________________________________________________________________________________
_____________________________________________________________________________________________________________________________________

4. What personal qualities do you possess that will enable you to be an effective mentor? __________________
_____________________________________________________________________________________________________________________________________
_____________________________________________________________________________________________________________________________________
_____________________________________________________________________________________________________________________________________

5. List any personal hobbies that would help us match you with a new student. (i.e. sports, reading, attending plays, etc.)
_____________________________________________________________________________________________________________________________________
_____________________________________________________________________________________________________________________________________
_____________________________________________________________________________________________________________________________________


6. **Please provide the name, position, department and phone number of two (2) references:**
(i.e. current or former employer, church, coach, instructor)
(Your application must include one (1) recommendation letter from a person listed below)

A) _____________________________________________________________________________
_______________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

B) _____________________________________________________________________________
_______________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

7. **List any FSU Recognized Student Organizations in which you hold a position.**
(i.e. President, Secretary, Committee Chair)

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8. **How did you become aware of the SCHOLAR Peer Mentor Program**

- [ ] Personal Letter
- [ ] Word of Mouth
- [ ] FSU Student
- [ ] Campus Advertisements (MyFSU, Torch, Posters, etc.)
- [ ] FSU Faculty/Staff
- [ ] Other __________________________

9. **How many students would you be able to mentor?**

- [ ] (1)
- [ ] (2)
- [ ] (3)

10. **What are your past roles in a mentor program?**

- [ ] Peer Mentor
- [ ] Mentee
- [ ] None

Revised 3/28/16
Because I genuinely want to help my mentee succeed at Ferris State University, I will agree to do the following:

1. I will meet with my mentee once a week or on a regular basis throughout the semester.

2. I will contact my mentee to see if there are any obstacles, which may interfere with their academic success.

3. I will attend meetings scheduled by the Peer Mentor Program.

4. I understand that I may request to be assigned to a different mentee if, my present mentee and I cannot work effectively together.

5. I will participate in program evaluations and follow-up as requested by the Director of the Mentor Program.

6. I understand that if I fail to cancel my participation for any program event by the cancellation date, then Ferris-SCHOLAR Program may charge my student account to cover the expense for the event.

I have read the above agreement and understand my obligations as a Peer Mentor.

____________________________            _____________________
Mentor Signature              Date

____________________________
Mentor Name (Print)

Revised: 3/28/16