

Mentee Application Form

Date:

Name:

Mailing address

Phone:

Email:

Major:

Graduation Date:

College:

College Address:

Why do you want to connect with a BW NICE mentor?

Areas of Interest (Please check as many as apply).

- | | |
|--------------------------|--------------------------|
| Accounting | <input type="checkbox"/> |
| Arts and Design | <input type="checkbox"/> |
| Banking | <input type="checkbox"/> |
| Business Development | <input type="checkbox"/> |
| Coaching (as a business) | <input type="checkbox"/> |
| Consulting | <input type="checkbox"/> |
| Education | <input type="checkbox"/> |
| Entrepreneurship | <input type="checkbox"/> |
| Fashion | <input type="checkbox"/> |

Finance	<input type="checkbox"/>
Healthcare Services	<input type="checkbox"/>
Hospitality/Restaurants	<input type="checkbox"/>
Human resources	<input type="checkbox"/>
Information Technology	<input type="checkbox"/>
Insurance	<input type="checkbox"/>
Leadership Development	<input type="checkbox"/>
Legal Professions/LSAT	<input type="checkbox"/>
Marketing	<input type="checkbox"/>
Management	<input type="checkbox"/>
Media & Communications	<input type="checkbox"/>
Non-Profit Management	<input type="checkbox"/>
Product Management	<input type="checkbox"/>
Program or Project Management	<input type="checkbox"/>
Psychology	<input type="checkbox"/>
Real Estate	<input type="checkbox"/>
Research	<input type="checkbox"/>
Retail	<input type="checkbox"/>
Training	<input type="checkbox"/>
Travel Consulting	<input type="checkbox"/>
Sales	<input type="checkbox"/>
Social Work	<input type="checkbox"/>
Social Media	<input type="checkbox"/>
Wellness	<input type="checkbox"/>

How many hours per month can you realistically devote to mentoring meetings?

What areas do you feel you need the most advice?

For more information contact:
 Dr. Carol-Anne Minski, BW NICE Director Corporate Mentor and Internship Programs
cminski@hotmail.com
 215.688.2311