



PRIDE of Halifax Community College Male Mentoring Program Application

Date _____ Semester: Spring Summer Fall

Name _____
(Last) (First) (MI)

Last 4 digits of your social security number: _____ HCC ID number: _____

Birth Date: _____ Age: _____

Check the ethnic group with which you most identify:

___ American Indian/Alaskan Native ___ Asian ___ Black/African American ___ White
___ Hispanic/Latino ___ Native Hawaiian/other Pacific Islander

Mailing Address _____ City _____ Zip Code _____

Home Phone _____ Work Phone _____ Cell Phone: _____ Can we send you
text messages? ___ Yes ___ No

Personal E-Mail _____ MySpace URL _____ Facebook URL _____
(Please Print) (Please Print) (Please Print)

Are you a U.S. Citizen? ___ Yes ___ No If no, permanent resident ___ Yes ___ No

If no, please provide registration number _____

Do you have a physical or mental impairment which substantially limits one or more major life activities such as: seeing, hearing, speaking, walking, learning, or working? ___ Yes ___ No

If yes, are you registered with the Access & Disability Services on Campus? ___ Yes ___ No

Educational Goals/Challenges:

1. Who is your Faculty Advisor? _____
2. What careers are you interested in? _____
3. What weaknesses or life challenges do you have that will hinder you from accomplishing your goals?

4. **(Optional)*** Have you ever been charged and/or convicted of a crime? _____
5. Check any degrees / certificates that you are enrolled in or currently have
___ Diploma/Certificate ___ Associate (AA or AS) ___ Associate Applied Science (AAS)
___ Adult/Continuing Education
- ➔ If GED, what semester do you anticipate becoming a full-time student? Spring Summer Fall N/A
6. Anticipated Graduation/Completion Date _____ Major(s) _____ Minor(s) _____
7. Are you planning to transfer to a 4 year college or university? ___ Yes ___ No
8. If yes, please list intended transfer institution(s):

9. Are you enrolled as a full-time student at HCC? ___ Yes ___ No

10. Do you plan to complete your Associate Degree or Certificate at HCC? ___ Yes ___ No

11. Level of Math and/or English you are placed in and/or enrolled for (if any)? Circle One

Eng: 075 085 095

Mat: 050 060 070 080

I am not enrolled in any of the courses listed above.

Financial/Eligibility Information:

1. Are you a first-generation college student (neither parent/guardian has a 4-year college degree)? ___ Yes ___ No
2. Were you awarded Financial Aid? ___ Yes ___ No If yes, are you work-study eligible? ___ Yes ___ No
3. Family size _____
4. Check the box below that has your family's income

Household Family Income	
<input type="checkbox"/>	\$0 - \$15,599
<input type="checkbox"/>	\$15,600 - \$20,999
<input type="checkbox"/>	\$21,000 - \$26,399
<input type="checkbox"/>	\$26,400 - \$31,799
<input type="checkbox"/>	\$31,800 - \$37,199

Household Family Income	
<input type="checkbox"/>	\$37,200 - \$42,599
<input type="checkbox"/>	\$42,600 - \$47,999
<input type="checkbox"/>	\$48,000 - \$53,399
<input type="checkbox"/>	Above \$53,400

Tutoring Assistance:

1. Are you interested in receiving tutoring? ___ Yes ___ No

If yes, how many hours per week do you wish to be tutored? (Circle one) **2 4 6 8 10 12** Other _____

2. List the courses in which you might need a tutor. _____

3. Please place (M) Monday, (T) Tuesday, (W) Wednesday, (TH) Thursday, or (F) Friday beside the times that you are available for tutoring. You can list multiple days on each line if you are available at that same time each day. (Example – 10-11 am M, W, F)

8 - 9 am _____ 9 - 10 am _____ 10 - 11 am _____ 11 am- 12 pm _____

12 - 1 pm _____ 1 - 2 pm _____ 2 - 3 pm _____ 3 - 4 pm _____

4 - 5 pm _____ 5 - 6 pm _____ 6 - 7 pm _____ 7 - 8 pm _____

4. Please list any other commitments that may affect your availability for tutoring services that are offered by the program (This includes any employment or standing commitments). _____

Applicant's Certification:

I certify that the information contained in this application is correct and complete to the best of my knowledge. By signing this application, I authorize FLI/ PRIDE to review my qualifications for the program, including references, employment checks, and verification of education in order to determine my suitability for the program. I also give my consent for FLI/PRIDE to periodically access my school records for data collection purposes as well as to check my academic progress.

Signature: _____ **Date:** _____