



## Goal Grinders, Inc. Mentee Application

Please complete this form in its entirety.

### Name

First Name      Last Name

### Email

example@example.com

### Phone Number

Area Code      Phone Number

### Date of Birth



Month      Day      Year

### Address

Street Address

Street Address Line 2

City      State / Province

Postal / Zip Code

## Academic Information

### Grade Level

- 6th Grade
- 7th Grade
- 8th Grade
- 9th Grade
- 10th Grade
- 11th Grade
- 12th Grade

**Are you a member of any organization (s) in your school? Please list them here.**

**Are you a member of any organization outside your school? Please list them here.**

**Please share your hobbies/interests that you want to share with your mentor.**

**Name of School**

**Address**

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

**Parental Information**

**Name of Parent or Guardian**

First Name

Last Name

## Phone Number

Area Code    Phone Number

## Email

example@example.com

## How often would you like to meet with your mentor?

Once a month

Twice a month

## Date Signed by Applicant



Month    Day    Year