



Goal Grinders, Inc. Mentor 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

High Level of Education Completed

High School

College/University

Graduate School

Professional School

Doctorate

Military

Trade School

Please share briefly why you want to be mentor with Goal Grinders, Inc.

Please share your hobbies/interests so that we can match you with the right mentee.

Place of employment

Background Information

All mentors are required to submit to a background check prior to working with any student affiliated with Goal Grinders, Inc.

Date Signed by Applicant



Month Day Year

Please include potential mentor/mentee activities that you would like to engage in with Goal Grinders, Inc.

Employer's Phone Number

Area Code Phone Number

Do you agree to complete a background check?

Yes

No

How often would you like to meet with your mentee?

Once a month

Twice a month

What age group would you like to mentor?

Middle School

High School