TEXARKANA
Independent School District

TIGER MENTOR STUDENT APPLICATION

Name: _____ Date: _____
Home Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ ❑ Male ❑ Female
Do you have an E-mail Address or home access to E-mail: _____
What language(s) do you speak? _____
Favorite Subject: _____ Least Favorite Subject: _____
What activities, clubs, sports, etc are you involved with? _____
Do you have a job? ❑ Yes ❑ No If yes, please describe it. _____

CAREER INTEREST

Do you plan to attend a college or university? If so, which one? _____
List a few of the jobs/professions you've been thinking about for yourself *(give examples)* _____

PERSONAL INFORMATION

"I would describe myself as:" ❑ Talkative ❑ Funny ❑ Quiet ❑ Serious ❑ Energetic ❑ Laid Back
What do you hope to achieve from this mentoring program? *(for example: build a new relationship, gain new career goals and learn about your mentor's workplace.)* _____
What do you want to learn from your mentor? _____

PREFERENCES/FAVORITES

What do you like to do best in your free time? *(Please check all that apply and give examples of your favorites)*

❑ Watch Movies *(What kind?)* _____
❑ Go to the Arcade/Play video games
❑ Listen to music *(What kind?)* _____
❑ Play music *(What kind?)* _____
❑ Read *(What kind of books?)* _____
❑ Play sports *(What kind?)* _____
❑ Watch sports *(What kind?)*
❑ Watch TV
❑ Shop
❑ Other *(specify)* _____

Please indicate any preferences, which you have concerning your mentor. *(the word "same" refers to yourself - check all that apply)*

❑ Same gender
❑ Same ethnic/racial background
❑ Same personality type
❑ Same activity(ies) preferences

_____ Student Signature
_____ Parent Signature

Mail Completed Application To:
The Office of Student and Community Support Services
4241 Summerhill Road, Texarkana, Texas 75503
903.794.3651 ext. 1035 Brittney.Brookes@txkisd.net fax 903.792.2632