

The National Organization of Italian American Women
25 W. 43rd St., Ste. 1005 – New York, NY – 10036
212.642.2003 – www.noiaaw.org - noiaaw@noiaaw.org

MENTEE APPLICATION

Date: _____

First Name: _____ Middle Initial _____ Last Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Contact Phone: _____ E-mail: _____

College or University: _____ Graduation Year: _____

City: _____ State: _____ Major: _____

For the following questions, please use an additional sheet of paper if necessary.

What are your professional goals? What is your career choice?

Please provide a brief professional biography (internships, conferences, clubs, leadership positions, current and past employment, etc.).

What are your academic interests? Which courses have you enjoyed most and why?

Why do you want a mentor? Are there specific reasons for having a mentor?

Tell us what you envision your mentor-mentee relationship to be. How frequently might you want to meet?

Thank you! Please submit completed application and brief biography or resume if you have one to NOIAW via e-mail or postal mail.