



# PHI BETA KAPPA ALPHA ASSOCIATION OF COLORADO

## MENTORSHIP APPLICATION

Personal Information			
Last Name		First Name	
E-Mail Address		Gender	
Undergraduate University		Degree (e.g. B.A., B.S.)	
Graduation Year		Major(s) / Minor(s)	
Post-Graduate Degrees		Post-Graduate Institutions	
Year Received Higher Education Degree			
Work Experience			
Current Employment Status		Current Job Title	
Company/Organization		Industry	
Years of Overall Work Experience			
Career / Mentorship Goals			
What are your career goals?			
Why are you interested in participating in the Colorado Mentorship Program — rate from 1 (not particularly important) to 5 (very important)			
	I want to meet someone with a similar career path as me who can provide career guidance and advice on advancing a career in this field.		
	I want to meet someone who can serve as a resource to introduce me to others in my career field who can help me on my professional path.		
	Regardless of career path, I want to meet a like-minded individual with whom I can discuss my humanities/liberal arts academic background/interests and how best to utilize in a career.		
	I want to feel more connected and involved in the Colorado PBK community.		
	I want to meet someone in a different career path than my own who can provide guidance on how to enter that field. (If important, please specify the field in which you are interested below in the expanded answers box.)		
	I want to expand my peer or professional network.		
	I am considering applying for a post-graduate degree (law, international relations, business, IT, etc.) and prefer a mentor who has gone through this process and has a related career. (If important, please specify below in the expanded answers box.)		
Other reasons not listed above or expanded answers.			

What would an ideal mentorship relationship look like?	
How often would you expect to communicate with your mentor?	
How would you prefer to communicate with your mentor?	
How did you hear about the Colorado PBK Mentorship Program?	
Do you have any additional information you would like to share, or questions?	
By submitting this application, you understand and acknowledge that your answers will be reviewed by the PBK Colorado Mentorship Program Team and may be shared with a Colorado PBK member identified as potential match for consideration.	

Date: \_\_\_\_\_

If you are not submitting your application directly online, save this file with your surname and email to mentorship@pbkcolorado.org or print and mail to the following address:

Mentorship  
 Phi Beta Kappa • Alpha Association of Colorado  
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 Denver, CO 80209