



# The Mentoring Institute

Office of Graduate Student Diversity Programs  
 P.O. Box 400882 • Charlottesville, VA 22904  
 Fax: (434) 243-2140

<b>FOR OFFICE USE ONLY</b>
Eligibility: <input type="checkbox"/> FG <input type="checkbox"/> AD <input type="checkbox"/> G <input type="checkbox"/> UI <input type="checkbox"/> Other
Date of entry: _____
Denied for: _____

Program Participant Application		
<b>Last Name</b>	<b>First Name</b>	<b>Middle Initial</b>
<b>Current Address</b>		
<b>City</b>	<b>State</b>	<b>ZIP Code</b>
<b>E-mail Address</b>	<b>Home Phone Number</b>	<b>Cell Phone Number</b>
<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Date of Birth</b>	<b>Citizenship</b> <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent Resident
<b>Ethnicity</b> <input type="checkbox"/> African American <input type="checkbox"/> Asian American <input type="checkbox"/> European American <input type="checkbox"/> Latino American <input type="checkbox"/> Native American <input type="checkbox"/> Multiracial American	<b>Educational Background</b> Undergraduate Institution: _____ Degree Conferred/Year: _____	<b>University of Virginia</b> Academic/Major Discipline: _____ Degree Objective: _____
<b>Marital Status</b> <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Married <input type="checkbox"/> Widowed	<b>Financial Aid Status</b> Did you receive funding from your department? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify: _____ _____	<b>Program Membership</b> <input type="checkbox"/> McNair Scholars <input type="checkbox"/> The Leadership Alliance <input type="checkbox"/> Institute for the Recruitment of Teachers <input type="checkbox"/> Mellon Mays Undergraduate Fellowship

All applicants must complete and submit the following documents for the application to be reviewed:

- The Mentoring Institute program participant application
- The Mentoring Institute mentee profile form
- UVA graduate school statement of purpose
- Resume/Curriculum Vitae



**Mentee Profile Form  
The Mentoring Institute**

**Full Name:** \_\_\_\_\_

**Home Address:**

\_\_\_\_\_

(Street)

\_\_\_\_\_

(City)

(State)

(ZIP Code)

**E-mail Address:** \_\_\_\_\_ **Telephone Number:** \_\_\_\_\_

**Ethnicity:**  African American     Asian American  
 Latino American     Native American  
 Multiracial American

**Gender:**  Male     Female

**Academic/Major Discipline:** \_\_\_\_\_ **Degree Objective:** \_\_\_\_\_

**What are your career interests?** *(Please briefly explain.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**What do you hope to gain from your faculty mentor?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**What workshops would you like the Mentoring Institute to conduct? (Please check all that apply.)**

- |   |   |
|---|---|
| <input type="checkbox"/> Academic Writing                 | <input type="checkbox"/> Professional Conferences   |
| <input type="checkbox"/> Administrative                   | <input type="checkbox"/> Promotion/Reappointment  |
| <input type="checkbox"/> Career                           | <input type="checkbox"/> Publishing   |
| <input type="checkbox"/> Clinical Care                    | <input type="checkbox"/> Recognize Cultural, Gender, Sexual<br>Orientation, Religious, Socioeconomic Status,<br>and/or Race Differences |
| <input type="checkbox"/> Curriculum Vitae/Resume          | <input type="checkbox"/> Research   |
| <input type="checkbox"/> Disclosure of Sexual Orientation | <input type="checkbox"/> Set Up Lab   |
| <input type="checkbox"/> Family/Work Balance              | <input type="checkbox"/> Tenure   |
| <input type="checkbox"/> Grants                           | <input type="checkbox"/> Teaching   |
| <input type="checkbox"/> Internship Process               | <input type="checkbox"/> Technology   |
| <input type="checkbox"/> Networking                       | <input type="checkbox"/> Understanding Institutional Processes  |
| <input type="checkbox"/> Personal Concerns                | <input type="checkbox"/> Other (please specify): _____  |
| <input type="checkbox"/> Presenting Paper                 |   |

**How would you like to communicate with your mentor? (Please select all that apply.)**

- Face-to-face       E-mail       Phone