



AdvantEDGE Mentee Application

This program aims to help disadvantaged youth between the ages of 16 and 21 learn how to become successful leaders from experienced entrepreneurs and experts.

Date:

Name:

Address:

City:

State:

Zip:

Rent

Own

Phone:

Email:

Age:

Date of birth:

Gender:

Pronouns (optional):

Ethnicity:

Languages spoken:

Do you attend school currently? YES

NO

Name of School:

Grade:

Average GPA:

Do you have access to a laptop?

Do you have access to the internet?

What field of business are you interested in?

Why do you want to participate in AdvantEDGE?

List any special interests, skills, or hobbies you have:

What would you like to focus on during your mentorship?

What are your expectations of your mentor?

Are you currently dealing with any traumatic events (i.e. death in the family, abuse, divorce)? If yes, please provide details.

Do you have a preference in the gender of your mentor?

Additional information that might help us match you with a mentor:

Are you available for mentoring 4-6 hours of mentoring sessions via phone, email, and/or virtual meetings?

Financial Information

To be eligible for the AdvantEDGE program, you must fall within the low-income guidelines within your region.

Applicant Employment

Employer:

Position:

Time at current job:

Monthly income:

*** Please attach your last six pay stubs with your application. If you do not have paystubs, please include your most recent federal tax return.**

Parent or Guardian Employment

Employer:

Position:

Time at current job:

Monthly income:

* Please attach your last six pay stubs with your application. If you do not have paystubs, please include your most recent federal tax return.

Household monthly income:

Total number of family members in your household:

Please fill in spaces below for ALL household members (list yourself first):

| Name | Age | Relation to applicant | Monthly income |
|------|-----|-----------------------|----------------|
| 1. | | Applicant | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. | | | |

*If there are more people living in your household, please list them on a separate sheet.

Signature: