



THE KING'S COLLEGE

Mentoring Request Form

BASIC INFORMATION

Student Name: _____

Student Email: _____

Year: Freshman Sophomore Junior Senior

Phone #: _____

House: _____

Preferred Times: _____

ADDITIONAL INFORMATION

This information will be used when matching you with a prospective mentor but there is no guarantee that we will be able to find a mentor or that he or she will hold the same denominational affiliation.

Denominational Affiliation: _____

List the top three spiritual areas that you would like to be mentored in.

1. _____

2. _____

3. _____

Please explain why you want to be a part of this mentoring program.

What do you hope to gain from this relationship/experience?



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Have you evaluated your schedule in light of the time commitment of this program?

How will you ensure that this remains a commitment throughout the year?

Please feel free to use the space below for any additional comments you may have.