

## MAPS PEER MENTOR APPLICATION KANSAS STATE UNIVERSITY SUMMER 2015

PEER MENTOR DATES: JUNE 7-JULY 24, 2015 MAPS PROGRAM DATES: JUNE 12-JULY 24, 2015

First Name		Last Name		
University Address		Telephone (cell)	Email	
Permanent Address		Telepho	Telephone	
Classification	Major	Anticipa	ted Graduation Date	
Last Semester's GPA		Cumula	Cumulative GPA	
Will you be work/stud	y eligible for this s	summer? Yes No		
		ring the summer session? I		
	_			
		extra-curricular) are you pla committed per week for ea		

Have you been a Peer Mentor before? Yes No If yes, please list programs and dates of employment:	
Please list leadership experiences that you have had over the past tw different types of activities that you planned or coordinated:	wo years. Mention the
PLEASE ATTACH THE FOLLOWING TO THIS APPLICAT  1. On a separate sheet, please explain why you want to become Mentor – be specific.  2. Your most recent resume	
3. One sealed letter of reference from a K-State faculty or staff directors/staff are not eligible to write letters of support for I certify, to the best of my knowledge, that the information provide complete, true, and verifiable. I have a documented right to work is understand that falsifying or omitting information is sufficient caus application for the MAPS Peer Mentor position.	you).  d in this application is n the United States. I
Signature of Applicant	Date

**Application Deadline: March 6, 2015** 

Please return to:

K-State MAPS Brandon Clark 224 Anderson Hall Manhattan, KS 66506-2905 bclark@ksu.edu 785-532-6436 (phone) 785-532-6339 (fax)

