STUDENT SUPPORT SERVICES PROGRAM

2010-2011 PEER MENTOR APPLICATION

University of Delaware 148-150 S. College Ave. Newark, DE 19716 (302) 831-2805

Please print or type and return completed application to the SSSP Office by Monday, April 16, 2010.

NAME						
	LAST	FIRST	MI	DATE OF BIRTH		
E-MAII	2@udel.	edu	CELL PHO	DNE		
LOCAL	ADDRESS			LOCAL PHONE		
HOME	ADDRESS			HOME PHONE		
MAJOR		MINOR	COLLEGE			
CURRE	ENT CUMULATIVE GPA	TOTA	L CREDIT HOURS E	EARNED		
1.	Are you active in the SSSP program? For example, do you meet with staff as required and attend functions? aYes No					
	Please explain:					
2.	On a separate piece of paper, please write an essay up to 200 words describing your interest in the position of SSSP Peer Mentor. Include a summary of the academic and personal strengths that you will bring to the program, as well as obstacles and challenges you have overcome.					
3.	What experience do you h	ave relevant to the positio	n of peer mentor?			
4.	Describe your time-manag for your academic and ext	ement strategies. For exa racurricular responsibilitie	umple, how do you ens es?	ure that you accomplish everything necessary		

Pl	Please list campus and extracurricular activities:				
Aı	re you available to attend training on Monday, August 30, 2010, from 10:00 AM to 3:00 PM?YesN (This is the day before classes begin)				
Ha	ave you ever been convicted of a felony?YesNo If yes, explain.				

It will be necessary for us review your University of Delaware transcript. All information will be kept strictly confidential. You may be contacted for an interview as soon as we have received all of your application materials. Your signature below indicates that the above information is true and correct to the best of your knowledge, and that we have permission to contact your references listed above.

Signature

Date