

Capital Region Sponsor-A-Scholar, Inc.

MENTOR INFORMATION FORM

NAME: _____
HOME PHONE: _____
HOME ADDRESS: _____
HOME FAX: _____
EMAIL: _____
EMPLOYER NAME: _____
EMPLOYER ADDRESS: _____
WORK PHONE: _____
WORK FAX: _____
POSITION: _____
YEARS IN POSITION: _____
Please indicate where you prefer to receive your mail:
HOME _____ WORK _____
How did you hear about SAS?

Please complete the following form to help us best match you with a student:

1. Please indicate your degree(s) and where you attended college.

2. Where would you prefer your student reside?

_____ ALBANY _____ Troy _____ Schenectady
_____ No preference

3. Have you been a mentor in the Sponsor-A-Scholar program before?

If yes, please indicate the name of your student:

4. Are you able to meet with your student at least once a month?

5. Please indicate time(s) of day and day(s) of week that work best for you to mentor:

6. Please list activities you enjoy doing in your spare time:

7. What activities would you consider participating in with your student?

Please mail or fax (518-935-1049) this form to:

Bill Corbett, President

Capital Region Sponsor-A-Scholar, Inc.

Pine West Plaza

Washington Avenue Extension

Albany, NY 12205

(518) 935-1045

www.crsas.org

For further questions, please contact us by phone or email:

sponsorascholar@yahoo.com