12 Third Street | PO Box 1621 Laurinburg, NC 28352 · (910)277-3355

Executive Director: Dr. Melba McCallum · SYSTEM Afterschool Program Director: Dr. Carolyn Banks

Print Only				
Full Legal Name:				
	First	Middle Initial	Last	
Date of Birth:	Ethnicity:		_Gender: Male 🔲	Female 🔲
Home Address:				
City:		State: _	Zip: _	
Preferred Contact Nu	u <b>mber</b> 🔲 Home Phone 🛭	Cell Phone W	ork Phone	
Phone Numbers: Hor	me	Work	Cell	
Parental Information	1			
Guardian Name:				
Address:				
Preferred Contact Nu	u <b>mber</b> 🔲 Home Phone 🛭	🗍 Cell Phone 🔲 W	ork Phone	
<b>Phone Numbers: Hor</b>	me	Work	Cell _	

## RECOMMENDATION

Please request a letter of recommendation from high school or community leader. The recommendation should include thoughts regarding your character, calling, talents, and areas of growth. Please attach your letter of recommendation with your application.

## **CRITERIA FOR PARTICIPANTS**

- Participant must be at least a 12<sup>th</sup> grade high school student.
- Participant must plan to attend an accredited two or four-year college.
- Participant must have a minimum cumulative Grade Point Average of 3.0 and above.
- Participant must have shown potential to serve as a leader in their school and/or community and live an active life that exhibits respect among adults and their peers.

## **Short Questions**

Please answer ALL of the following questions on a separate sheet. Use no more than 2 or 3 sentences to answer each question.

- 1. What is your career interest and why?
- 2. How involved are you in your community?
- 3. In your opinion, how would you describe your community challenges?
- 4. What do you think needs to happen to meet these challenges and who is responsible for addressing these challenges?
- 5. What is your definition of a successful leader?
- 6. What qualities and skills do you currently possess as a leader and what other qualities and skills are needed to prepare you for leadership?

Participants must submit at least 200-word narrative to express how they can contribute to the Mentoring Program.

I have read and understand the purpose of the Mentoring Program. I am committed to complying with the rules and regulations and completing all of the goals and objectives set forth by the Partners In Ministry.

Signature: _			
_			

Please Return to:

Partners In Ministry, Inc. 12 Third Street Laurinburg, NC 28352





