

**The Mentoring Partnership of  
Southwestern PA  
Mentee Application**



Name of person making referral: \_\_\_\_\_

Relationship to mentee \_\_\_ Parent/Guardian \_\_\_ Caregiver \_\_\_ Caseworker \_\_\_ Other \_\_\_\_\_

Telephone: \_\_\_\_\_ Preferred contact #: \_\_\_\_\_

Email address \_\_\_\_\_

**Parent/Guardian's Name (if not person making referral):** \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Preferred contact #: \_\_\_\_\_

Email address \_\_\_\_\_

**Mentee Information:**

Mentees Name: \_\_\_\_\_

Gender Identity (Optional): \_\_\_\_\_ Age: \_\_\_ Race (Optional): \_\_\_\_\_ Grade: \_\_\_\_\_

School District/School Name \_\_\_\_\_

Search for programs \_\_\_\_\_ 5 miles \_\_\_\_\_ 10 miles \_\_\_\_\_ 15 miles \_\_\_\_\_ 25 miles from zip code \_\_\_\_\_

**Purpose for Mentoring Request (please check all that apply)**

\_\_\_ Academic Improvement \_\_\_ Career Development \_\_\_ Recreational/Sports \_\_\_ Role Model \_\_\_ Social Development

**Program Specifics (please check all that apply)**

___ Academically At-Risk	___ Gifted/Talented/Academic Achiever	___ Parent Involved in Military	___ Special Education
___ Adjudicated/court involved	___ Homeless/Runaway	___ Physical Disabilities/Special Care Needs	___ Youth with Disabilities
___ Foster, Residential or Kinship Care	___ Incarcerated Parent	___ Pregnant/Parenting	___ Other _____
___ Gang At-Risk	___ LGBTQ Youth	___ School Drop-Out	_____
___ Gang Involved	___ Low Income	___ Single-Parent Household	_____
___ General Youth Population	___ Mental Health Issues		

\_\_\_ Student is willing to participate in a program that is faith based

\_\_\_ Student has access to transportation to/from a mentoring program

\_\_\_ Student has specific challenges. Please explain \_\_\_\_\_

**Please indicate the reason(s) why you feel that the student needs or could benefit from a mentoring relationship or add any additional information that would be helpful in matching the student with a mentor or mentoring program:**

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If you have any questions, please do not hesitate to contact us.  
Please return to: **The Mentoring Partnership of Southwestern PA**  
4165 Blair Street, Suite 223 • Pittsburgh, PA 15207

phone: 412.281.2535 fax: 412.281.6683 Email: [applications@mentoringpittsburgh.org](mailto:applications@mentoringpittsburgh.org)

web: [www.mentoringpittsburgh.org](http://www.mentoringpittsburgh.org)