

FIRST YEAR MENTOR TEAM

Application

Name:			
SSU Student ID#:			
Home phone number:	_ Cell phone number:		
Campus address (if applicable):			
Permanent address:			
Salem State University Email address:			
Class standing as of fall 2019: (check once) first year	sophomore	junior	senior
Expected graduation date:	_		
Major:	_		
Current GPA (if applicable):	_		
Do you have a work study award this year: (check one)	Yes No		
Amount awarded:	_		
Have you submitted your FAFSA for the 2019-2020 academi	c year: (check one)	Yes	No
Describe your past work experience:			

List any skills you think would prove helpful for this position:

