

# FIRST YEAR MENTOR TEAM

## Re-Application

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

Are you a returning mentor? (check one)      Yes      No      SSU Student ID#: \_\_\_\_\_

Home phone number: \_\_\_\_\_ Cell phone number: \_\_\_\_\_

Campus address (if applicable): \_\_\_\_\_

Permanent address: \_\_\_\_\_

Salem State University Email address: \_\_\_\_\_

Class standing: (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 academic year: (check one)      Yes      No

In your own words, what is the role of a FYE mentor and how does it impact your experience at Salem State:

What is one skill that you have learned in your time with FYE that you could apply to you future career:

Please describe a time where you were able to assist a student with a question or concern that you may not have known the answer to. How did you resolve this situation?

Is there anything you would do differently next year as a returning mentor? If yes, please elaborate.

Please list any groups/club/activities/organizations that you have been involved with at Salem State:

How will you expand in your leadership role as a returning mentor?

**Positions are offered based upon availability. You will be contacted to provide your class schedule at another date.**

**Email your completed application to [firstyear@salemstate.edu](mailto:firstyear@salemstate.edu) or mail it to;  
Salem State University, First Year Experience, Dining Commons 101A, 352 Lafayette Street, Salem, MA 01970.**

**Please submit applications by March 21.**

**Interviews conducted: March 19 through April 8.**

**Hiring decisions will be made by April 18 and will be sent via email. Students must accept/ decline by April 25.**