



# Executive Mentor Program

UNIVERSITY of WEST FLORIDA

## STUDENT APPLICATION

Thank you for your interest in the Executive Mentor Program. This application will allow us to successfully match our students with experienced executives.

**First Name:** \_\_\_\_\_ **Nickname:** \_\_\_\_\_ **MI:** \_\_\_\_ **Last Name:** \_\_\_\_\_

**Suffix:** \_\_\_\_\_ **Gender:**  Male  Female **Student ID #** \_\_\_\_\_  
(Sr., Jr., III)

**Ethnicity:** *(optional) (Please check all that apply)*

- Hispanic or Latino Descent  American Indian or Alaska Native  Asian  
 Black or African American  Native Hawaiian or Other Pacific Islander  White  Other

**Current Degree Program at UWF:**

- General Business  Management  Management Information Systems  
 Accounting  Finance  Economics  Global Economics  
 Marketing  Global Marketing  Sales Management  Supply Chain Logistics  
 MBA  MACC  Interest in being an entrepreneur  Hospitality

**Expected Graduation:**

Month \_\_\_\_\_ Year \_\_\_\_\_

**Please attach your Resume to this application:**  Attached

*If you would like help creating your resume, please contact  
Career Services at 850.474.2254 or [career@uwf.edu](mailto:career@uwf.edu)*



## STUDENT APPLICATION

Local Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

UWF Email Address: \_\_\_\_\_

Personal Email Address: \_\_\_\_\_

Home Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Do you have a preference for your Mentor's industry/specialization? We will try to accommodate your preference, but may not be able to do so given the pool of Mentors.

\_\_\_\_\_  
\_\_\_\_\_

Do you have access to a car?  Yes  No

### Education:

Academic Standing:  Junior  Senior  Masters/Graduate GPA: \_\_\_\_\_

Prior College/University Name(s): \_\_\_\_\_ Years Attended \_\_\_\_\_

Degree(s) Earned: \_\_\_\_\_

High School Name: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

High School City: \_\_\_\_\_ State: \_\_\_\_\_

High School Clubs, Organizations & Activities: \_\_\_\_\_

\_\_\_\_\_



# STUDENT APPLICATION

I'm a... (optional) (Check all that apply)

- International Student    Student with Disabilities
- First Generation Student    Adult Student    Active Military or Veteran

**Personal Summary:** Be honest and give your future mentor a view of who you are, and how your life experiences so far have shaped you.

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**Career Plans and Aspirations:** Honestly answer the question, "What do you want to be when you grow up?"

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**Hobbies/Interests:** Do you play an instrument? Are you skilled in a specific sport or have a favorite team? Tell your potential mentor what you do for fun.

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## STUDENT APPLICATION

**Why I want an Executive Mentor:** What are some of the things you would want your mentor to help you with? Identify what you expect of your mentor, from a specific industry to the goals for your career most in need of help.

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**The following person has recommended me for this program:**

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

Title: \_\_\_\_\_

Company: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

By checking this box and submitting this application you acknowledge that the information is true and accurate to the best of your knowledge.

Thank you for applying. You will be contacted by the UWF Executive Mentor Program soon.

**Authorization for Release of Student Information** (in accordance with FERPA):

I authorize UWF to release information from this application and the resume I submit to potential mentors to facilitate the matching process with a business executive.

The above information may be released with my full consent.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Return Application: Building 76A/224 | Fax 850.474.2342 | [executivementor@uwf.edu](mailto:executivementor@uwf.edu)*

# Photo/Video Release Form



I authorize the University of West Florida, acting for and on behalf of the University of West Florida Board of Trustees (“University”) and those acting pursuant to its authority to:

- (i) record my likeness and/or voice on a video, audio, photographic, digital, electronic or any other medium;
- (ii) use my name and biographical material in connection with such recordings; and
- (iii) use, reproduce, exhibit, and/or distribute my name, biographical material, and such recordings in any medium (e.g., print publications, video, internet, etc.) for a variety of promotional, advertising, educational, and/or other lawful purposes.

I agree to release the University from all liability related to the recordings and waive any claims or rights of compensation or ownership regarding such uses, and agree and understand that all such recordings shall remain the property of the University.

Student    Faculty    Staff    Other

Name of Participant \_\_\_\_\_  
(Please print)

Signature of Participant \_\_\_\_\_ Date \_\_\_\_\_  
(If 18 or older)

## IF UNDER 18:

Legal Guardian Name \_\_\_\_\_  
(Please print)

Legal Guardian Signature \_\_\_\_\_ Phone number \_\_\_\_\_

Email \_\_\_\_\_

## OFFICE USE ONLY:

Project/Intended Use \_\_\_\_\_

Filed By \_\_\_\_\_