



REACH AMBASSADOR MENTEE APPLICATION

DATE OF APPLICATION: _____

APPLICANT INFORMATION

First _____ Middle _____ Last _____

Preferred name _____

ADDRESS (street, city, state, zip):

UofL E-MAIL: _____

HOME PHONE: _____

CELL PHONE: _____

ACADEMIC INFORMATION

FIRST YEAR STUDENT

TRANSFER STUDENT

If Transfer Student, transferring from: _____

RESIDENTIAL STUDENT

COMMUTER STUDENT

Residence Hall: _____

MAJOR (if decided): _____