ONLINE FILLABLE APPLICATION

Complete all required fields marked with an asterisk (*).

1. CONTACT INFORMATION

1. Full legal name *

Email address *

Phone number *

City and state of residence *

Current U.S. time zone *

- [ ] Eastern
- [ ] Central
- [ ] Mountain
- [ ] Pacific
- [ ] Alaska
- [ ] Hawaii

2. BASIC ELIGIBILITY

2. Please confirm each statement. *

- [ ] I am 18-30 years old
- [ ] I currently reside in the United States

I identify as (select all that apply): *

- [ ] Immigrant
- [ ] Refugee
- [ ] First-generation American
- [ ] International student
- [ ] African diaspora member
- [ ] Other

If other, please describe

3. CURRENT EDUCATION OR EMPLOYMENT STATUS

3. Select all that apply. *

- [ ] Student
- [ ] Employed full-time
- [ ] Employed part-time
- [ ] Self-employed/entrepreneur
- [ ] Seeking employment
- [ ] Other

School, employer, business, field of study or career area *

4. PRIMARY MENTORSHIP PATHWAY

4. Select one primary pathway. *

- [ ] Education & Academic Success
- [ ] Career & Professional Development
- [ ] Entrepreneurship & Business Development
- [ ] Community & Civic Engagement
- [ ] Personal Growth & Cultural Adjustment

5. MOTIVATION

5. Why do you want to join this mentorship program? *

Explain why mentorship is important to you at this stage. Recommended maximum: 200 words.

6. GOALS

6. What are the three most important goals you hope to achieve? *

7. CURRENT CHALLENGES

7. What barriers or challenges are currently affecting your progress? *

Mentee Application - Matching and Commitment

Young Immigrant & African Diaspora Mentorship Program

8. MENTOR EXPECTATIONS

8. What guidance, skills or support would you like from a mentor? *

9. MATCHING PREFERENCES

9. Preferred mentor profession, industry or area of experience *

Important cultural, language, lived-experience or communication preferences

Preferred meeting style

- [ ] Structured and goal-focused
- [ ] Conversational and reflective
- [ ] A balance of both
- [ ] No preference

10. AVAILABILITY AND COMMITMENT

10. Confirm your ability to participate. *

- [ ] I can participate for six months
- [ ] I can meet my mentor at least monthly
- [ ] I can attend orientation and workshops
- [ ] I have reliable virtual access

Days generally available *

- [ ] Monday
- [ ] Tuesday
- [ ] Wednesday
- [ ] Thursday
- [ ] Friday
- [ ] Saturday
- [ ] Sunday

Times generally available *

- [ ] Morning
- [ ] Afternoon
- [ ] Evening
- [ ] Variable

Scheduling limitations, if any

11. ACCESSIBILITY AND PARTICIPATION SUPPORT

11. Describe any accommodation or support you may need to participate fully.

Mentee Application - Fee, Referral and Certification

Young Immigrant & African Diaspora Mentorship Program

12. REFERRAL SOURCE

12. How did you learn about the program? *

- [ ] FLA website
- [ ] Social media
- [ ] Friend/family
- [ ] School/university
- [ ] Employer
- [ ] Community organization
- [ ] FLA member
- [ ] Other

Name of referring person or organization, if applicable

APPLICATION FEE

Select one option. *

- [ ] I will pay the $50 application and processing fee
- [ ] I request a confidential financial-hardship waiver

If requesting a waiver, briefly explain the financial hardship (100 words maximum).

Payment or waiver status will not affect selection. Payment does not guarantee admission or matching.

APPLICANT CERTIFICATION AND CONSENT

- [ ] I certify that the information provided is accurate and complete.
- [ ] I understand that applying or paying the fee does not guarantee selection or matching.
- [ ] If selected, I agree to follow FLA policies, confidentiality rules and the Code of Conduct.
- [ ] I understand that mentorship is not legal, immigration, medical, mental-health or financial advice.
- [ ] I authorize FLA to use this information for eligibility review, administration and mentor matching.

Typed full name as electronic signature *

Date signed *

Emergency contact name and phone number *