



MONTHLY MENTOR REPORT
REPORTING TIMEFRAME:
DUE THE 15TH OF EACH MONTH

Cadet's Name and Phone Number: _____

Mentor's Name and Phone Number: _____

WHAT IS THE GRADUATE PRESENTLY DOING? PLEASE COMPLETE APPLICABLE SECTIONS OF THIS FORM.

EDUCATION-CHECK ONE

- ADULT EDUCATION VO-TECH COLLEGE HIGH SCHOOL OTHER

Name of School: _____

Address: _____ City: _____ State: _____ Zip: _____

School Phone #: _____

Date Enrolled: _____ Semester Hours: _____

EMPLOYMENT OR VOLUNTEER PLACEMENT-CHECK ALL THAT APPLY

- PART-TIME APPRENTICESHIP VOLUNTEER SELF-EMPLOYED FULL-TIME
 HOMEMAKER CAREGIVER

Place of Employment: _____ Position: _____ Date Hired: _____

Address: _____ City: _____ State: _____ Zip: _____

Hourly Rate of Pay: _____ Avg. Hours/Week: _____ Supervisor: _____ Phone Number: _____

Please, provide a copy of cadet's most recent pay stub to be placed in our files.

MILITARY-CHECK ALL THAT APPLY

- ACTIVE NATIONAL GUARD RESERVES US MARINES
 US ARMY US COAST GUARD US NAVY US AIR FORCE

ENLISTED DATE: _____ DELAYED ENTRY DATE: _____ MILITARY CCUPATION: _____

RECRUITER'S NAME: _____ PHONE #: _____

Please provide a copy of cadet's enlistment document and military orders.

MENTOR/MENTEE CONTACT

Date	Type of Contact	Remarks
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PRAP

PLEASE REVIEW ORIGINAL PRAP PLACEMENT OPTIONS AND NOTE ANY CHANGES MADE DURING YOUR WEEKLY MEETINGS.

Mail to: Arkansas National Guard Youth Challenge
Attn: PRO
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Camp J.T. Robinson, NLR AR, 72199-9600

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