

MENTEE OR CLIENT APPLICATION FORM

Please write "n/a" for items that are not applicable for applicant.

Birth date: _____ Age: _____ Grade/college level: _____

Mailing Address: _____

Home phone number: _____ Cell phone number: _____

Work phone number: _____ Email address: _____

Best days and times to reach you: _____

Name of school you are attending: _____

Address of school you are attending: _____

If applicant is a minor (under age 18) please fill out this section:

Parent/Guardian name(s): _____

Home phone number: _____ Cell phone number: _____

Work phone number: _____ Email address: _____

Best days and times to reach you: _____

What type of assistance are you applying for? Please circle all that apply.

mentoring services

consultation services

tutoring services

financial assistance for activities toward educational goals

financial assistance for activities toward professional goals

- 1) Do you currently have a mentor? **Yes or no (please circle one)**
- 2) **If you have a mentor, please provide your mentor’s contact information:**

Name: _____
Address: _____

Phone number(s): _____
Occupation: _____
How many years has this person been mentoring you: _____

(Please make sure that your mentor is included in one of your references).

- 3) **If you have student loans, how much do you owe total?** _____
- 4) If you are attending college or are going to need our assistance attending college in the future, are you willing to provide your **social security number** and your **tax returns annually** to us so that we can help you complete the FAFSA application and any forms pertaining to financial aide?

Yes or No or Not Applicable (please circle one)

Please provide us with only with the last four numbers of your social security number: _____

- 5) If you are currently younger than 24 years old and will continue to be under age 24 throughout your college years, will **your parents** be willing to provide their social security number and their tax returns annually to us so that we can help you complete the FAFSA application and any forms pertaining to financial aide?

Yes or No or Not Applicable (please circle one)

If yes, what is/are your parent(s) social security number(s)?

Mother’s last four digits of social security number _____

Father last four digits of social security number _____

Guardian’s last four digits of social security number _____

If the answer is yes, please attach a copy of the most recent tax returns to this application.

PLEASE PROVIDE THREE REFERENCES

1) Name: _____
Title/position: _____
Relationship to applicant: _____
How long have you known the applicant: _____

Mailing Address: _____

Best phone number to reach you: _____
Best days and times to reach you: _____
Email address: _____

Please briefly explain why you think the applicant would be a good candidate for our program (you may attach a separate letter if you would rather type your response):

Signature

Date

2) Name: _____
Title/position: _____
Relationship to applicant: _____
How long have you known the applicant: _____

Mailing Address: _____

Best phone number to reach you: _____
Best days and times to reach you: _____
Email address: _____

Please briefly explain why you think the applicant would be a good candidate for our program (you may attach a separate letter if you would rather type your response):

Signature

Date

3) Name: _____
 Title/position: _____
 Relationship to applicant: _____
 How long have you known the applicant: _____

Mailing Address: _____

Best phone number to reach you: _____
 Best days and times to reach you: _____
 Email address: _____

Please briefly explain why you think the applicant would be a good candidate for our program (you may attach a separate letter if you would rather type your response):

Signature _____ Date _____

MONTHLY EXPENSE LIST

Please provide the best total estimates for each item.

Food: _____ DWP: _____

Gas for home: _____ Home phone: _____

Cell phone(s): _____ Rent/Mortgage: _____

Other utilities (ex: cable, internet, etc): _____

Car(s) payments: _____ Gasoline for cars: _____

Other transportation expenses (bus, train, etc): _____

Car insurance: _____ Home/rental insurance: _____

Credit card bills: _____ Student loans: _____

Medical expenses (medications, dental, eye, home care, etc): _____

Childcare (nanny, daycare, etc): _____ Alimony: _____

School supplies/activities for all children in household: _____

Extra curricular activities: _____

Please list other expenses:

If you cannot provide either your monthly expenses or your parent's/guardian's monthly expenses, please explain why you cannot provide this information:

Monthly Income:

-If your income varies from month to month, please write down approximate amount for each source of income.

-If you do not have any income, please provide your parent's/guardian's income.

-If you cannot provide either your income or your parent's/guardian's income, please explain why you cannot provide this information on the bottom of this page.

Job(s): \$ _____ Spouse/partner job(s): \$ _____
\$ _____ \$ _____
\$ _____ \$ _____

Alimony: \$ _____ Child support: \$ _____

Social security: \$ _____ Welfare: \$ _____

Unemployment: \$ _____ Food Stamps: \$ _____

Other income:
Source _____ Amount _____
Source _____ Amount _____
Source _____ Amount _____
Source _____ Amount _____
Source _____ Amount _____

If you cannot provide either your income or your parent's/guardian's income, a copy of paystubs, and/or bank statements, please explain why you cannot provide this information:

I verify that all of the information on my application is true to my knowledge. I understand that providing false information will automatically disqualify me from this submission and any future submissions to Fors Humanitas.

Applicant over 18 years of age:

Parent/Guardian:

Print Name _____

Print Name _____

Signature _____

Signature _____

Date _____

Date: _____

Please complete all pages, include the items that pertain to you on the checklist (see next page), and mail to:

**Fors Humanitas
8549 Wilshire Blvd #1104
Beverly Hills, CA 90211**

Office Use Only:

Date received application:
Date reviewed:
Selection Committee Decision:

Check list of documents that must be included with this application if you are independent (you may use black marker to hide your bank account number as long as your name is clearly seen on the bank statement):

- 1) Your most recent tax return (**please cross out first five digits** of all social security numbers on tax returns)
- 2) 3 months of your paystubs
- 3) 3 months of your bank statements (savings and checking accounts; **please cross out your bank account numbers**)
- 4) Your personal statement/letter explaining why you think you are the perfect candidate for our program (maximum two pages; double or single spaced).
- 5) Any extra attachments from references **and/or** your explanation of why you cannot provide your parent/guardian's tax return.
- 6) If you are applying for loan forgiveness, please also submit last billing statement of your monthly bill.

Check list of documents that must be included with this application if you are a dependent (you may use black marker to hide your bank account number as long as your parent's/guardian's name is clearly seen on the bank statement):

- 1) Your parent's or guardian's most recent tax return, clearly stating that you are a dependent on their tax return (cross out first five digits of all social security numbers)
- 2) 3 months of your parent's/guardian's paystubs
- 3) 3 months of your parent's/guardian's bank statements (savings and checking accounts; please cross out all bank account numbers)
- 4) Your personal statement/letter explaining why you think you are the perfect candidate for our program (maximum two pages, double or single spaced).
- 5) Any extra attachments from references **and/or** your explanation of why you cannot provide your parent's/guardian's tax return.
- 6) If you are applying for loan forgiveness, please also submit last billing statement of your monthly bill.