

**Date of application: \_\_\_\_\_\_\_\_\_\_\_**

**MOSSAIC Peer Mentoring Application**

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| **Applicant Information** | | | |
| **Last Name** | **First Name** | | |
|  |  | | |
| **Date of Birth** | **Age** | **Gender** | **Primary Language** |
|  |  |  |  |
|  | | | |
| **Phone Number** | **Email Address** | | |
|  | | | |
| **Address** | | | |
|  | | | |
| **What is your major:** | | | |
| **Please list three things that you enjoy doing in your spare time:** | | | |
| **1)**  **2)**  **3)** | | | |
| **What do you enjoy about being in college?** | | | |
|  | | | |
| **What is hard for you about college right now? What are three things that you would like help with or would like to learn while you are in the peer mentor program?** | | | |
|  | | | |
| **Do you commute? If so, from where? Or Do you live in a Residence Hall or Apartment?** | | | |
|  | | | |
| **Educational and Medical History you would like us to be aware of:** | | | |
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**Payment for the MOSSAIC Peer Mentoring Program**

This program is operated through the UW Speech and Hearing Clinic. The cost of this program for a Participant is $25.00\* per quarter. Payment is due in full during the first week of each quarter of participation and is made to “University of Washington.” We accept cash, check, or credit card for payment.

*\*Note: You should expect additional minimal out-of-pocket expenses for social activities and group events (i.e., coffee, games, bowling, etc.) during your participation in this program.*

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| ***I have read and understand the MOSSAIC Peer Mentoring Program payment plan as outlined above.*** | | | |
| **Signed:** |  | **Date:** |  |

*Thank you! Upon acceptance into the Peer Mentoring Program you may be asked for additional background information to assist us in providing the best program for you.*