

Faculty Assistant Mentoring Program



APPLICATION FORM

All applicants must meet all program requirements before admission to the program.
Funded in part by LAOCRC Strong Workforce.

CONTACT INFORMATION

New Participant: _____ Repeat: _____

SEMESTER: _____ YEAR: _____

Name (Last, First): _____ LBCC Student ID #: _____

Address: _____

City: _____ Zip Code: _____

Email Address: _____ Alternate E-mail Address: _____

Home Phone: _____ Cell/Text Phone: _____ Program updates: Initial ___ to approve text messages.

EDUCATIONAL STATUS: (PLEASE INDICATE ALL THAT APPLY)

Current LBCC student? Yes Or No Will you be an LBCC student in the fall? Yes Or No

Current enrolled units _____ Anticipated enrolled units in the fall _____

Declared major: _____ Current GPA: _____

EDUCATIONAL GOAL: (PLEASE INDICATE ALL THAT APPLY)

Certificate of Achievement: _____

Associates Degree (A.A.) Major: _____

Bachelors Degree (B.A./B.S.) Major: _____

Obtain CTE-Designated Subjects Credential (CTE-DSC)

Do you plan on transferring? Yes No

If Yes: University/College: _____ Semester: _____ Year: _____

TEACHING GOAL (I WANT TO TEACH IN):

K-12/High School/ROP/Adult Schools Community College Four-Year University Other

Employment Status

Will you be employed as a student worker or student assistant at LBCC in the fall? Yes or No

If so, how many hours do you anticipate to work each work? _____ Department _____

Name of supervisor _____ Supervisor Email/Phone Number _____

Have you secured a faculty that is willing to work with you? **Yes or No**

If so, please write down the name of the instructor.

If you do not have a mentor, please select all academic departments you are interested in and we will try to pair you up with someone.

- | | |
|---|--|
| <input type="checkbox"/> Allied Health | <input type="checkbox"/> Library |
| <input type="checkbox"/> Business Admin & Economics | <input type="checkbox"/> Life Sciences |
| <input type="checkbox"/> Child Development | <input type="checkbox"/> Math & Engineering |
| <input type="checkbox"/> Communication Studies | <input type="checkbox"/> Nursing |
| <input type="checkbox"/> Computer & Office Studies | <input type="checkbox"/> Performing Arts |
| <input type="checkbox"/> Culinary Arts | <input type="checkbox"/> Physical Sciences |
| <input type="checkbox"/> English | <input type="checkbox"/> Public Services |
| <input type="checkbox"/> English as a Second Language | <input type="checkbox"/> Reading & Teacher Prep |
| <input type="checkbox"/> Family & Consumer Studies | <input type="checkbox"/> Social Sciences |
| <input type="checkbox"/> Foreign Languages | <input type="checkbox"/> Trade & Industrial Technology |
| <input type="checkbox"/> History & Political Science | <input type="checkbox"/> Visual & Media Arts |
| <input type="checkbox"/> Kinesiology & Health | <input type="checkbox"/> Others |

Signature: _____

Date: _____

Demographics (Optional)

Name _____

Gender: Male or Female

Ethnicity:

- Asian
- Black (Non-Hispanic)
- Hispanic/Latino
- American Indian/Alaskan Native
- White (Non-Hispanic)
- Other

Age:

- 18-21
- 22-26
- 27-35
- 35+

Do any of the following apply to you:

- First Generation College Student
- LBGTQ+

What year are you at LBCC? _____