



**HISPANIC BAR ASSOCIATION OF NEW JERSEY
LAW STUDENT MENTORSHIP PROGRAM
Mentee Application Form**

CONTACT INFORMATION:

STUDENT NAME: _____
STREET ADDRESS: _____
CITY: _____ STATE: _____ ZIPCODE: _____
HOME NUMBER: _____ CELLULAR NUMBER: _____
WORK NUMBER: _____ FACSIMILE NUMBER: _____ E-MAIL: _____
PREFERRED CONTACT METHOD: HOME: _____ CELLULAR: _____ WORK: _____ E-MAIL _____

BACKGROUND INFORMATION:

UNDERGRADUATE INSTITUTION: _____
UNDERGRADUATE MAJOR: _____
UNDERGRADUATE DEGREE: _____
GRADUATE INSTITUTION: _____
GRADUATE DEGREE: _____
LAW SCHOOL: _____ CLASS: _____
MEMBER OF THE FOLLOWING ORGANIZATIONS/JOURNALS:

PRACTICE AREAS OF INTEREST: Check all that are of interest to you.

___ Corporate ___ Government ___ Public Interest ___ Education ___ Other (_____ Specify)

HOBBIES: _____

GENDER: ___ Male ___ Female AGE: _____

PREFERRED GENDER OF MENTOR: _____ Male _____ Female _____ Either

SIGNATURE: _____ DATE: _____

PLEASE RETURN BY NOVEMBER 9, 2018 TO:

Melinda Colón Cox, Esq.
melinda.cox@piblaw.com