



Become a Man Without a Man, Inc.

Youth Mentee Application

Welcome to the application for Become a Man Without a Man, Inc. mentorship program! We're excited to learn more about you and how we can support your journey. Please fill out the form below with accurate information.

Personal Information

1. **Full Name:** _____
 2. **Date of Birth:** _____
 3. **Age:** _____
 4. **Gender:** Male
 5. **Address:**
 - **Street Address:** _____
 - **City:** _____
 - **State:** _____
 - **ZIP Code:** _____
 6. **Phone Number:** _____
 7. **Email Address:** _____
 8. **School Name:** _____
 9. **Grade Level:** _____
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Essay Question

10. **Why do you want to join the Become a Man Without a Man, Inc. mentorship program, and what do you hope to achieve?** [300 words max] [Typed or legibly written] ***USE A SEPARATE PIECE OF PAPER AND ATTACH TO THIS APPLICATION***

Emergency Contact Information

11. **Emergency Contact Name:** _____
12. **Relationship to Applicant:** _____
13. **Emergency Contact Phone Number:** _____
14. **Emergency Contact Email Address:** _____

Additional Information

15. **Do you have any specific goals or areas you want to focus on with your mentor?** [Text Area - 150 words max]

16. **Is there anything else you would like us to know about you?** [Text Area - 150 words max]

LIST ANY ALLERGIES OR SPECIAL MEDICAL NEEDS:

Parent/Guardian Consent

Parent/Guardian Full Name: _____

Parent/Guardian Phone Number: _____

Parent/Guardian Email Address: _____

I consent to my child participating in the Become a Man Without a Man, Inc. mentorship program.

Signature (Parent/Guardian): _____

Please review your information before submitting it. Email the completed form to:
1becomingman@gmail.com

Thank you for applying to become a mentee with Become a Man Without a Man, Inc. We look forward to reviewing your application and supporting your growth and development!