



N4A MENTOR PROGRAM



MENTOR FORM

Name: _____ Date: _____

Job Title: _____ N4A Region: _____ Yr. Joined N4A: _____

Institution: _____ Size of institution: _____

Work Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ E-mail Address: _____

Main Responsibilities: _____

To assist us in matching you with a mentee, please tell us a little about yourself:

Gender: Male Female Ethnicity: _____

NCAA/NAIA Division: I II III Junior College NAIA

How many years have you been in academic athletic support? _____

Special Interests: _____

Please tell us a little about the individual you would like to be matched with:

Specific Person: _____

OR

Gender: Male Female No Preference

Ethnicity: _____ No Preference

NCAA/NAIA Division: I II III Junior College NAIA No Preference

Would you be willing to mentor a new professional or graduate student from outside your region? Yes No

Please send completed form to:

Martina Martin-N4A Mentor Program Coordinator

Athletic Academic Services

Student Activities Center—E202

University of Louisville Athletics

Louisville, KY 40292

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502.852.7924 (fax)

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