



# The Association of Haitian Professionals

*Expanding our reach and widening our influence*

## MENTEE APPLICATION

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Home address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_

Gender: \_\_\_\_\_

Age: \_\_\_\_\_

Grade in School: \_\_\_\_\_

Briefly describe the area(s) in which we might be of help to you:

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\_\_\_\_\_ (Student's Name) and I are committed to working with the AHP mentors. I give AHP permission to contact me and my child regarding our active participation in the program.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

[www.haitianprofessionals.org](http://www.haitianprofessionals.org)

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