

CITIZEN SCHOLARS Be a Mentor! Citizen Scholars Alumni Association Form

Full Name:
Address:
Email:
Phone #:
Date of Birth:
Race:
Mentor (Please list all if you had more than one):
Year admitted into the program:
School District:
High School Graduation Year:
Elementary School Attended:
Middle School Attended:
High School Attended:
College or Colleges Attended:
College Graduation Year:
Degree(s) obtained:
Where do you work and what do you do there?
Other Comments: