

Woman to Woman Mentoring Program Student Questionnaire

NAME _____ Date _____

PHONE _____ E-MAIL _____

WHAT DO YOU PLAN TO STUDY? _____

WHAT IS YOUR CAREER GOAL? _____

HOW MANY COLLEGE CREDITS HAVE YOU COMPLETED? _____

HOW MANY CREDITS ARE YOU TAKING THIS SEMESTER? _____

HOW CAN AN AAUW MENTOR HELP YOU? _____

*For additional information or to request a mentor, e-mail the completed form to
communityaction@aauwprescott.org*