



EARL WOODS SCHOLARSHIP PROGRAM

Mentor Application

This application form is to be filled out by a mentor wishing to provide one-on-one support to a qualifying college student for the duration of his/her college term (with a minimum commitment of two years).

I. CONTACT INFORMATION

Name: _____ DOB: _____

Home:

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Mobile: _____

Email: _____

Office:

Company: _____

Position/Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Mobile: _____

Email: _____



II. Questionnaire

1. Have you ever been a mentor before? If so, please describe your experience(s).

2. Do you have any hobbies or special skills that you think will benefit scholars?

3. I prefer a ___ male ___ female ___ either student

4. Are you willing to share your professional networks with our scholars who show interest in specific career paths? (circle one)

Yes

No

5. Mentoring a young person is a big responsibility and can change the lives of both the mentor and the scholars. What do you hope to gain from the experience? What do you hope the scholars will gain?



III. BACKGROUND

Education History:

Highest Degree Level: _____
Degree Concentration(s): _____
High School: _____
College/University: _____

Employment History:

Employer: _____
Title: _____
Time of Employment: _____

Employer: _____
Title: _____
Time of Employment: _____

Volunteer History:

Organization: _____
Volunteer Role: _____
Volunteer Duration: _____

Organization: _____
Volunteer Role: _____
Volunteer Duration: _____

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What is your marital status?

Married Single/Divorced Separated Widowed Prefer not to Disclose

How many children do you have have?

None 1-2 3-5 5+ Prefer not to Disclose

Have you ever been convicted of a crime or felony?

Yes No If yes, please explain: _____

III REFERENCES

Name: _____ Relationship: _____

Email: _____ Phone: _____

Name: _____ Relationship: _____

Email: _____ Phone: _____

Name: _____ Relationship: _____

Email: _____ Phone: _____

I hereby certify the information given in this application to be true and accurate. I understand that the information on this application is subject to verification. I authorize a release of information concerning my character, employment history and suitability to work with students.

I understand and acknowledge that any volunteer relationship with the Tiger Woods Foundation is of an "at-will" nature, which means that the volunteer may resign at any time and Tiger Woods Foundation may discharge a volunteer at any time with or without cause.

Print Name: _____

Signature: _____ Date: _____



INFORMATION RELEASE FORM

The Foundation would like to periodically feature our EWS Mentors and Scholars in our publications; such as our newsletter, TWF website and Year in Review. In order to assist us with these publications we are requesting that you consent to the use of your information.

I, the undersigned, do hereby consent and agree that the Tiger Woods Foundation has the right to use information regarding my participation in the EWS Mentorship Program. I further consent that my identity may be revealed by descriptive text, commentary and photographs.

I do hereby release to the Tiger Woods Foundation all rights to exhibit this work in print and electronic form publicly or privately.

Please acknowledge that you understand and consent to this by signing and returning a copy of this letter along with the images to the Tiger Woods Foundation administrative offices.

I have read and understand the foregoing statement.

Print Name: _____ Date: _____

Signature: _____