ALUMNI APPLICATION FORM

The SNC SSBE Alumni Mentor Program needs a cadre of experienced business professionals in order to match student protégés with complementary mentors. Alumni and friends of the SNC SSBE with 5+ years of professional work experience are invited to participate in the mentor program. A range of professional roles and industry backgrounds are welcome and current employment is expected. Please complete this application form and mail it directly to Dr. Eliot Elfner, St. Norbert College, 100 Grant Street, De Pere, WI 54115, or email it to alumnimentor@snc.edu.

First Name __________________________ Last Name __________________________

Employer __________________________________________________________________

Title _______________________________________________________________________

Employer Address (Street, City, State, Zip) ______________________________________

____________________________________________________________________________

Work Phone __________________________ Email Address __________________________

Please indicate the areas or interest/expertise you would bring to this relationship as a mentor. We will use this information in the mentor/protégé matching process.

___ Accounting  ___ Economics  ___ Entrepreneurship  ___ Finance

___ Human Resources  ___ Information Tech  ___ Int’l Business  ___ Marketing

___ Real Estate  ___ Consulting  ___ Law  ___ Supply Chain Mgt.

___ Other (please describe)
Please provide a 2-3 sentence summary of your industry and professional experience.

_________________________________________________________________________________

How often do you travel for your employer?

____ very occasionally       ____ once a month or so       ____ every week or two

How much time does a typical business trip take?

____ 2-3 days       ____ usually a week or so       ____ perhaps two weeks or more

If you have volunteered as a mentor previously, please indicate for how many years: __N/A__

May we include your contact information in the mentor list that will be shared with all mentors for the purposes of networking and accessing additional resources as you support your protégé?

____ yes       ____ no

When completed, please mail this application directly to:

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De Pere, WI  54115

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