

SPENCE-CHAPIN'S MODERN FAMILY CENTER

Mentorship Program Application 2017-2018

MENTEE

By Email: krogala@spence-chapin.org

By Mail: Spence Chapin
410 E. 92nd Street
New York, NY 10128
Attn: Katie Rogala

Full Name of Child: _____

D.O.B. _____

Full Name of Parent 1: _____

Full Name of Parent 2: _____

Parent 1 Email: _____

Parent 2 Email: _____

Parent 1 Cell: _____

Parent 2 Cell: _____

Address: _____

Apt#: _____

City: _____ State: _____ Zip: _____

Child Email: _____

Child Cell #: _____

Home Phone #: _____

Current Grade Year: _____

Full Name of Child: _____

To be completed by parent:

1. How do you think your child will benefit from the Mentorship Program?
2. What is your child's understanding of his or her adoption story and identity?
3. Please describe how your family talks about and incorporates adoption. Include any adoption-focused trips, programs, camps, etc. that your family has been a part of.
4. Does your child have any physical, emotional, psychological, medical, or educational needs? If yes, please describe.
5. Does your child have any allergies or dietary restrictions (include vegetarian or vegan)?
6. Is there anything else you would like us to know about your child?

I understand that submitting an application does not guarantee my child will be accepted into the program.

Signature: _____ Date: _____

Print Name: _____

Full Name of Child: _____

To be completed by child:

Age you were adopted: _____ Country/State adopted from: _____

1. What do you hope to get out of participating in this mentorship program?
2. Do you have a positive adult role model in your life who is adopted?
3. How do you feel when you are talking about your adoption with peers and/or adults?
4. What are your hobbies and interests?
5. Is there anything else about yourself that you would like us to know?