

# A CRY FOR HELP CORP

Child Mentoring Application

New Hanover Co

CHILD'S INFORMATION			
Last Name	First	M.I.	DOB
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		

CHILD'S REASON TO HAVE A MENTOR

CHILD'S HOBBIES AND INTERESTS

CHILD'S NEEDS

CHILD'S SCHOOL INFORMATION			
School Name			
Address		City	
County	Grade	Phone ( )	
Teacher's Name			
Math GPA		Reading GPA	

DISCLAIMER AND SIGNATURE	
I certify that my answers are true and complete to the best of my knowledge.	
Parent Signature	Date
Child Signature	Date