

Verified by ID	
Staff Initials Date	÷

Print or type responses:

We are delighted that you've chosen to be a mentee for our poetry and creative writing workshops through our Honeycomb Poetics Mentoring Program. Please complete the following in-depth application to let us know you better and provide the best services for you. Please bring the completed application form to the first session, "Voices that are Sweet to the Soul."

Name			<u> </u>
First Last Gender: Female Male Date of Birth:			
Mailing address	Day Year		
City		State	Zip
E-mail			
Applicant Contact:			
Phone Numbers Home	Cell	I	Email
Parent/Guardian Contact: Phone Numbers Home	Cell		Work
Email			
Education: Current School			
Grade level Age	<u>:</u>		
How was the Program brought to your attent	ion?		
What motivated you to apply to the Program?	?		
What are your hobbies, special skills, or other	r interests?		
What do you like to do in your leisure?			

What other affiliations	(e.g., activities or spo	rts teams) do you have?		
What do you hope to	gain from the mentoring	ng experience?		
What do you enjoy ab	out poetry and creativ	e writing?		
Do you have prior poe	try experience? Yes	No If yes, please explain:		
What do you expect to	gain from this progra	ım?		
List at least one perso	n who can serve as ch	aracter reference(s) for you. (e	x: teacher or co	oach)
(1) Name		Relationship	For	years.
Phone	Email:			
		Relationship		
Phone	Email:			
		Relationship		
Phone	Email:			
		ct to the best of my knowledge. I gra nd agree to be contacted by Honeyco		
Signature		Date		
Please Return to:				

Honeycomb Poetics NJ Nonprofit Organization 9 Melrose Ln Willingboro, NJ 08046