
What other affiliations (e.g., activities or sports teams) do you have? _____

What do you hope to gain from the mentoring experience? _____

What do you enjoy about poetry and creative writing? _____

Do you have prior poetry experience? Yes No If yes, please explain:

What do you expect to gain from this program?

List at least one person who can serve as character reference(s) for you. (ex: teacher or coach)

(1) Name _____ Relationship _____ For _____ years.

Phone _____ Email: _____

(2) Name _____ Relationship _____ For _____ years.

Phone _____ Email: _____

(3) Name _____ Relationship _____ For _____ years.

Phone _____ Email: _____

I certify that the information I have supplied is correct to the best of my knowledge. I grant permission for you to contact the references provided. I also understand and agree to be contacted by Honeycomb Poetics for enrollment and mentoring purposes.

Signature _____ Date _____

Please Return to:

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