**BUCKS COUNTY COMMUNITY COLLEGE**

**ACADEMIC SUCCESS CENTER**

**NEWTOWN, PENNSYLVANIA 18940**

**215-968-8044**

**Success Advocate Application Form**

**DATE: \_\_\_\_\_\_\_\_\_\_\_\_**

**STUDENT NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**BIRTHDATE (new applicants omit this information) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Street) (City) (State) (Zip Code)**

**TELEPHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CELLULAR:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EMAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Whom should we contact in case of an emergency**?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name) (Phone #)

**EDUCATIONAL INFORMATION:**

Major: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year at Bucks: \_\_\_\_\_\_\_\_\_\_\_\_\_ Current CGPA: \_\_\_\_\_

**Which campus/es do you attend? Circle all that apply.**

Newtown Campus LBC Campus UBC Campus Virtual Campus

**When do you attend classes? Circle all that apply.**

Day Classes Night Classes Online Classes Hybrid Classes

**What is your preferred medium? Circle all that apply.**

Face-to-face Online Both

**How many hours can you realistically commit each week?** (Position is for approximately 3 hours per   
 week. Please consider any other commitments you have for the offered availability.) \_\_\_\_\_\_\_\_\_\_\_\_

**When are you available to work** (i.e. Fall 2016 through Fall 2017)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Why are you interested in mentoring, and what are your expectations of this position?**

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**Please describe any previous (formal or informal) mentoring experience. For formal mentoring, please also describe any training you received.**

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Please e-mail completed form to [asc@bucks.edu](mailto:asc@bucks.edu).   
Call 215-968-8044 with any questions.