

100

BLACK MEN  
OF AMERICA, INC.®

141 Auburn Ave. Atlanta, GA 30303 | Phone: 404-688-5100 | Fax: 404-688-1028 | www.100blackmen.org

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## 2020 MENTEE OF THE YEAR APPLICATION

### **CHAPTER AND PROGRAM AFFILIATION**

*Fill in the name of the chapter you are or were affiliated, as well as the name of the program and the dates of participation.*

100 Black Men of \_\_\_\_\_

Name of Program \_\_\_\_\_

Dates of Participation \_\_\_\_\_

### **APPLICANT'S PROFILE**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Date of Birth \_\_\_\_\_

### **ACADEMIC PROFILE**

#### A. Current School Information

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

A. Current School Information *(Continued)*

Classification/Grade \_\_\_\_\_

Grade Point Average \_\_\_\_\_

B. Institution of Higher Learning

*List the name of the college, university, or trade school you plan to attend if not listed in Section A.*

Name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

C. Career Goals:

*Briefly state your career goals in 25 words or less.*

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**EXTRA-CURRICULAR ACTIVITIES**

*Please list and describe your extracurricular activities within the past 2 years.*

Activity I:

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Activity II:

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Activity III:

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**Confirmation of Community Service Form**

*This form verifies that the following project was performed within the timeframe outlined in the scholarship application. **Please note that there is to be only one community service project per form. This form must be completed and signed by the project supervisor.***

Student's Name: \_\_\_\_\_,  
in accordance with the 100 Black Men of America, Inc.'s award eligibility requirements, has performed the following community service project.

Name of Project \_\_\_\_\_

Briefly describe the service project/duties:

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

Name of Organization \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Hours of Service Performed on this project \_\_\_\_\_

Signature of Supervisor \_\_\_\_\_

Supervisor's Title \_\_\_\_\_ Phone \_\_\_\_\_

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**Internal Use Only:**

Reviewed By: \_\_\_\_\_

Deficiencies:     Application     Mentor Recommendation     GPA  
                       Transcript         Chapter Nomination Letter