

Haitian American Professional Women Alliance (HAPWA), Inc.
501(c)(3) Nonprofit Organization



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www.hapwainc.org

Mentorship Request Form

Thank you for your interest in mentorship! Please fill out the form below to help us understand your needs.

Personal Information

Full Name:

Email Address:

Phone Number:

Current Academic Level/Occupation:

Describe yourself in a few words: _____

Mentorship Needs

What type of mentorship are you seeking? (Select all that apply)

- Academic Mentorship
- Social Mentorship
- Career Guidance
- Other(Please specify): _____

What specific areas do you need help with? (e.g., study skills, networking, personal, social, development)

Preferences

Preferred Mentorship Format: (Select one)

- In-person
- Virtual
- In-person Group
- Virtual Group

Preferred Frequency of Meetings: (Select one)

- Weekly
- Monthly
- As needed
- Additional Information: _____

How did you hear about Mentees?

- School (Name of School?) _____
- Community Event (When & Where) _____
- Referral (By whom?) _____
- Friend _____
- Member (Name) _____
- Social Media (Check all that apply): Facebook Instagram LinkedIn

Is there anything else you would like us to know about you?

Consent

Do you consent to having your information shared with potential mentors?

- Yes No

Signature

Date

Thank you for completing the Mentorship Request Form! We will review your submission and connect you with a suitable mentor shortly. If you have any questions, please reach out to us at hapwa2008@gmail.com.