

AR Future Scholarship Program Mentor Form

Students must meet with their mentor once per academic semester.

Student Name: _____ **Student ID:** _____

Mentor Information

Name: _____

Address: _____

Employer/Business: _____

Email Address: _____ **Telephone:** _____

Mentor Agreement

I, _____, understand the following responsibilities of the AR Future Scholarship Mentor Program.

- I will participate in mentoring the student for the period that he/she receives the AR Futures grant.
- I will contact the AR Future College Representative if my employment or situation changes.
- I will contact the AR Future College Representative if the student misses their mentor session.
- I was selected to be a mentor based on my commitment to conduct myself professionally at all times while engaging with my mentee. I recognize that I am in a position of trust with my mentee and am obligated to act professionally and responsibly. Additionally, I agree to seek resources from the AR Future college representative to resolve any professional or ethical conflicts that may arise.

Mentor Signature: _____ **Date:** _____

Date	Communication (person, text, email, phone)	Information Covered	Mentor Signature

Student Signature: _____ **Date:** _____

College Representative Information	
Name: _____	
Email Address: _____	Telephone: _____