

**Murray Hill Institute Mentoring Program
MENTEE APPLICATION FORM**

Name: _____

Address: _____

Phone(s): work: _____ home: _____ cell: _____

Email: _____

Profession or field of study: _____

Employer or school: _____

Briefly describe your career goals and expectations, including whether or not you would like to change fields.

Please fill in all that apply:

I would like to request a mentor for the following field(s)/topic(s):

I would like to have a one-time conversation with a professional who is experienced in:

Thank you! Please email your application to mentoring@murrayhillinstitute.org or mail or fax it to Kathy McGarry, Murray Hill Institute, 243 Lexington Avenue, New York, NY 10016. Fax 646-742-2845.