



The MathMentor

An Online Mentoring Program for High-Achieving Low-Income Students

Student Application Form

Student Name:		
Student Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Grade Level:
Student Address:		
Student Email Address:		
Student Standardized Test Scores:		
Test Name:	Reading Score:	Math Score:
School Name:		
School Address:		
Name of Recommending Teacher or School Official:		
Student Primary Internet Access:		
Type of Internet Connection:	Place of Access:	Internet Access per day:
<input type="checkbox"/> High-Speed	<input type="checkbox"/> Home	<input type="checkbox"/> Unlimited
	<input type="checkbox"/> School	<input type="checkbox"/> 10-5 hours
<input type="checkbox"/> Dial-up	<input type="checkbox"/> Library	<input type="checkbox"/> 5-3 hours
	<input type="checkbox"/> Other	<input type="checkbox"/> 1-0 hours
Recommending Teacher Signature:		Date:
Parent/Guardian Signature:		Date:
Student signature:		Date: