

THRIVE Program
Student Application

First Name M.I.

Last Name
CLC ID _____

Street Address

City State Zip

Phone (including area code)

E-mail address

What is your area of study?

_____ Biological and Health Sciences

_____ Business

_____ Communication Arts,
Humanities and Fine Arts

_____ Engineering, Math and Physical
Science

_____ Social Science

_____ Undecided

State/Country of Birth

Date of Birth

Demographics (optional):

- _____ African-American
- _____ American Indian or Alaskan
Native
- _____ Asian
- _____ Hispanic/Latino
- _____ White
- _____ Other (Please specify)

Gender:

- _____ Male
- _____ Female

What is your academic goal(s):

- _____ complete an associates degree
- _____ transfer to a four-year
- _____ career program or certificate

What are your hobbies?

**I would prefer to meet my mentor
first:**

- _____ in person
- _____ by phone
- _____ e-mail

**The areas I would especially like help
with are:**

- _____ Career guidance
- _____ Academic guidance
- _____ Time management
- _____ Job search
- _____ Personal issues

Signature

Date