



*The Project TAP Peer Mentoring Program is a year-long mentoring commitment designed to assist first-year students on the Autism Spectrum.*

## APPLICANT INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Date: \_\_\_\_\_

Address \_\_\_\_\_ Mailbox # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_ @mail.harpercollege.edu \_\_\_\_\_

Harper ID# **H00** \_\_\_\_\_ GPA \_\_\_\_\_

Available all of 2017-2018? Yes  No  If No, please explain \_\_\_\_\_

Co-curricular activities, athletic teams and employment responsibilities for 2017-2018: \_\_\_\_\_

## REFERENCE 1 (PROFESSIONAL/ACADEMIC OR WORK-RELATED)

Full Name \_\_\_\_\_ Relationship \_\_\_\_\_

Organization \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ @ \_\_\_\_\_

## REFERENCE 2 (PROFESSIONAL/ACADEMIC OR WORK-RELATED)

Full Name \_\_\_\_\_ Relationship \_\_\_\_\_

Organization \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ @ \_\_\_\_\_

## MISCELLANEOUS

Other relevant experience: \_\_\_\_\_

Besides English, other spoken languages? \_\_\_\_\_

## SUPPLEMENTAL QUESTIONS

Why are you interested in becoming a peer mentor? \_\_\_\_\_

If selected, what skills would you bring to the position? \_\_\_\_\_

What are your personal and academic interests? \_\_\_\_\_

## DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Return your completed Peer Mentor Application to Project TAP

Email: [projecttap@harpercollege.edu](mailto:projecttap@harpercollege.edu)  
Fax: 847.925.6267  
Mail: Project TAP / ADS  
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Palatine, IL 60067-7398