



TRIO SSS Peer Mentor Application

Name _____ Local Phone # _____

E-mail address _____

Major _____

Expected Graduation Date _____

When was your first semester at SSCT? _____

Educational highlights, awards, honors, etc.

Hobbies/Interests/Community Involvement

Why would you like to become a peer mentor?

Briefly describe a learning experience you've had while at SSCT that you would like to share with other students.
