

Thornwell

Presbyterian Divinity College

Mentor Application Form



PERSONAL INFORMATION

☐ Mr. ☐ Rev. ☐ Dr. _____
(Last) (First) (Middle)

Address: _____
(City) (State) (Zip) (Country)

Home Phone: (____) ____ - ____ Email: _____

Age: _____ Is there a familial relationship with the student? ☐ No ☐ Yes (*Specify*) _____

EMPLOYMENT INFORMATION

Employer: _____

Address: _____
(City) (State) (Zip) (Country)

Years with this employer: _____ Position held: _____

ECCLESIASTICAL INFORMATION

Name of Church: _____

Denominational Affiliation: _____

Address: _____
(City) (State) (Zip) (Country)

Pastor's Name: _____ Phone: (____) ____ - ____

EDUCATIONAL INFORMATION

Highest degree attained: _____ Major: _____ Grad. Year: _____

College/ University/ Seminary: _____

AFFIRMATIONS

- ☐ I am willing to serve as a mentor for: _____
- ☐ I understand that Thornwell Presbyterian Divinity College is not responsible for the payment of fees to the mentor. Such fees, if any, should be arranged between the student and mentor.

(Signature of Mentor)

(Date)

Thornwell Presbyterian Divinity College, P. O. Box 6321, Lakeland, Florida 33807
Phone (863) 683-7899