

The BECA FOUNDATION
A NON PROFIT LATINO SCHOLARSHIP FOUNDATION
P.O. Box 936, Escondido, CA 92033
marialouisa@becafoundation.org

MENTOR APPLICATION

Name _____
Last First Middle aka

Home Address _____ City _____ Zip _____

Home Phone _____ Cell # _____

E-mail Address _____

Employer/Retired _____ Title _____ Date Hired _____

Business Address _____ City _____ Zip _____

Phone # _____ Ext _____ Cell _____

Educational Institution(s) Attended: _____

Total yrs of education _____

Major _____ Minor _____ Degree(s) _____ Year _____

Date of Birth _____ Drivers license# _____ Renewal date _____

Other than Misdemeanor, have you been convicted? No Yes

If so, please explain on separate sheet

References:

_____ Phone# _____ Relation _____

_____ Phone# _____ Relation _____

Explain why you wish to be a Mentor.

Characteristics or Preferences you would like us to consider, in matching you to a student.

Foreign Language(s) fluency: _____

Special Interests/Hobbies _____

Signature _____ Date _____