



MeckGOP Mentorship Program Info Sheet

Name: _____

Birthday: _____

School You Attend: _____

Major/Field of Study: _____

Your Hometown: _____

Your Address at School: _____

Email (that you regularly check): _____

Phone Number: _____

Favorite:

Snack: _____

Drink: _____

Fast Food/Restaurant: _____

Game (video game, board game, etc.): _____

TV or Netflix Show: _____

Interests: _____

Hobbies: _____

If you are in a sorority/fraternity or other school club, team or organization tell us about it!

Do you have any food allergies? _____

Do you plan on remaining in the Charlotte area upon graduation?

_____ Yes _____ No _____ Unsure

Forms can be returned via email to vicechairman@meckgop.com