

# ONYX MENTORING PROGRAM MEMBERSHIP APPLICATION



## APPLICANT (MENTEE) INFORMATION

Name:		
Date of birth:	Phone/Cell:	Driver's License#/State:
Current mailing address:		
City:	State:	ZIP Code:
E-Mail Address:	Preferred Method of Contact:	<b>ONYX Annual Enrollment Fee: \$25/\$150</b>

## SCHOOL INFORMATION

Current school:		
School address:		Grade in School:
Phone:	City:	State:
School District:		ZIP Code:
List activities involved in at school:		
GPA:	Favorite Subject:	2 <sup>nd</sup> Favorite Subject:

## EMERGENCY CONTACT

Name of a relative not residing with you:		
Address:		Phone:
City:	State:	ZIP Code:
Relationship:		

## ONYX LEVEL OF INTEREST (RANK 1-8 - #1 HIGH INTEREST – 8 LOW INTEREST)

Leadership Institute: _____	Real Talk Real Issues: _____	Who Am I: _____	ONYX Monthly Mentoring Meetings: _____
ONYX in Business: _____	ONYX Community Service: _____	ONYX Workshops and Mentoring Activities: _____	

## WHY ONYX MENTORING PROGRAM

Please describe why you want to be a part of the ONYX Mentoring Program?

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What areas do you need assistance to support your growth academically, personally, and professionally?


### REFERENCES

Name	Address	Phone/Email

### RECOMMEND FRIENDS TO THE ONYX MENTORING EXPERIENCE

Name/email	Name/email
Name/email	Name/email
Name/email	Name/email

### SIGNATURES

I acknowledge the ONYX Mentoring Program is designed to have monthly activities that run at least once a month during the periods of September – May each year. I understand that to continue in the program an annual fee must be paid prior to the start of the September session, and some activities may require additional registration fees to participate but will be informed of those fees in a timely manner to participate if I choose to do so. My participation in this program also includes a community service component in which I will participate. My (Mentee) initials \_\_\_\_\_.

I acknowledge that my son is under the age of 18 years old and as the parent, I am signing for him to participate in this 9- month program. I understand this program involves participation at least once a month for mentoring coaching meetings, and other activities are scheduled through the program, including webinars and teleconferences to keep my child engaged in various disciplines of the program (i.e. Business, Health, Tech).

Signature of mentee:	Date:
Printed Name:	Initials:
Signature of parent:	Date:
Printed Name of Parent:	Initials:
Who were you referred by:	<b>Checks Payable to Early Start Development or pay via Paypal</b>

**Mail/email Membership Fee and Application to: Early Start Development 7601 FM 1960 Rd, East,  
Suite#113, Houston, TX 77346**

**Paypal: [paypal.me/earlystartdev](https://www.paypal.me/earlystartdev)**