

STUDENT/ALUMNI MENTORING APPLICATION FORM

Please submit the area of interest or question/s you wish to be contacted about by an LVHSAA Member Alumni.

Please assist us in pairing you with our most qualified Alumni by giving a full description of your question or needs, including your background in your area of interest.

Please feel free to utilize this Voluntary Alumni Service as often as you wish.

Please let other Students/Alumni know that this service is available.

I may contact you prior to the Alumni Mentor, to better assist me in matching you with the proper Mentor.

Your name:

Phone:

Email:

Student/Alumni Mentoring areas of interest or questions you wish to discuss with your Mentor:

- 1.
- 2.
- 3.
- 4.

Feel free to contact me if you have any questions or comments during your Mentoring request period.

I would appreciate an email to me after you and your Mentor have concluded your time, giving me your opinion about the end result that you had experienced.

Thank you,

Bruce Langson (cell 702-265-1735) Please send this filled out form to me at 7380 S. Eastern, #124-117 Las Vegas, NV 89123

blangson@hotmail.com