



ArFuture Scholarship Program



Student Mentor Form

Students must meet with their mentor monthly for a minimum of four times each academic semester.

Student Information

Name: _____

Address: _____

Student ID: _____

Email Address: _____

Telephone Number: _____

Date	Communication Method (in person, text, email, telephone)	Information Covered	Mentor Name	Mentor Signature

Student Signature

Date

If you have any questions or concerns regarding the completion of this form, please see the ArFuture representative from your college or university.



ArFuture Scholarship Program Mentor Information



Arkansas Department of Higher Education

Students Name: _____

Student TNumber: _____

Mentor Information

Name: _____

Address: _____

Employer/Business: _____

Email Address: _____

Telephone Number: _____

College Information

ArFuture College Rep: _____

Email: _____ **Telephone:** _____

I, _____, understand the following responsibilities of the ArFuture Scholarship Mentor Program

- I will participate in monthly mentoring with a student for the period that he/she receives ArFuture.
- I will contact the ArFuture college representative if my employment or situation changes.
- I will contact the ArFuture college representative if the student repetitively misses monthly mentoring scheduled times.
- I was selected to be a mentor based, in part, upon my commitment to conduct myself in a professional manner at all times while engaging with my mentee. I recognize that I am in a position of trust with my mentee and I am obligated to act in a professional and responsible manner. Additionally, I agree to seek resources from the ArFuture college representative to resolve any professional or ethical conflicts that may arise.

Signature

Date



ARKANSAS
TECH
 UNIVERSITY
 OZARK
 CAMPUS

ArFuture Scholarship Program



Community Service Form

Students must perform 10 hours of community service to meet continued eligibility requirements.

Student Information

Name: _____

Address: _____

Student ID: _____

Email Address: _____

Telephone Number: _____

Service Information

Name of Organization _____

Contact Name: _____

Contact Email/Telephone _____

Detail of Service Provided: _____

Date/Time of Service: _____

Organization Representative Signature: _____

 Student Signature

 Date

If you have any questions or concerns regarding the completion of this form, please see the ArFuture representative from your college or university.