



## **Rising Stars 2024-2025 Mentee Application**

*Pontchartrain (LA) Chapter of The Links, Incorporated*

### **Applicant Information**

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_ *City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Mother/Guardian Name: \_\_\_\_\_ Mother/Guardian Phone (Cell): \_\_\_\_\_

Mother/Guardian Email: \_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_ Father/Guardian Phone (Cell): \_\_\_\_\_

Father/Guardian Email: \_\_\_\_\_

In case of an emergency, please list the name and number of someone we can reach that is not a parent/guardian:

\_\_\_\_\_

Will you have transportation to and from the various events, programs, etc. in New Orleans and surrounding areas?  
Yes \_\_\_\_\_ No \_\_\_\_\_

### **Education**

High School: \_\_\_\_\_

Grade: \_\_\_\_\_

Overall  
GPA: \_\_\_\_\_

Most of our events are held on SATURDAYS, are you available to participate on that day of the week? Please circle.

YES      NO

Please list any extracurricular activities you are involved in:

\_\_\_\_\_  
\_\_\_\_\_

**Teacher or Staff Member Reference**

You are required to list 1 teacher or staff member reference that we may contact. You may ask a current or former teacher or staff member who would recommend you for this program. It should also be noted in the reference below if the reference is a current teacher, former teacher, school staff member or other.

Full Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Essay Question**

Please write a paragraph below indicating why you would like to be a mentee in the Pontchartrain Chapter of The Links Incorporated Rising Stars Mentoring program and what do you hope to gain from participating in the program (please type on a separate page and attach to application; max number of words is 500).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Disclaimer and Signature**

*Commitment to participation in 60% of programs, events, etc. is required to be in this mentoring program. Failure to comply will result in dismissal from the program. Please sign and date below to denote your agreement to this participation disclaimer.*

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

We welcome you to visit our website at [Pontchartrain Chapter of The Links, Incorporated \(pontchartrainlinks.org\)](http://pontchartrainlinks.org).



**INFORMATION FOR PUBLICATION**  
**MINOR RELEASE FORM**

I, the undersigned, hereby grant The Links, Incorporated the irrevocable and unrestricted right to use and publish biographical materials, photographs, quotations, and other relevant materials on and about my child, or in which s/he may be included. These materials may be published in Links publications, electronic reproductions (websites), and/or promotional materials or for any other purpose and in any manner or medium.

In addition, I grant my permission to The Links, Incorporated to alter the same without restriction; and to copyright the same in their publications.

I hereby release the photographer and The Links, Incorporated from all claims and liability relating to said photographs and other materials.

This agreement shall be binding upon and insure to the benefit of the parties, their successors, assigns and personal representatives.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
(Date) (Month) (Year)

(Child's Name)  
\_\_\_\_\_

(Parent or Guardian's Name)  
\_\_\_\_\_

(Parent or Guardian's Signature)  
\_\_\_\_\_

(Address)  
\_\_\_\_\_

(City) (State) (Zip Code)  
\_\_\_\_\_

(Email) (Phone)  
\_\_\_\_\_

**The Links, Incorporated**  
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Fax: (202) 842 - 4020  
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**INFORMATION FOR PUBLICATION**  
**ADULT RELEASE FORM**

I, the undersigned, hereby grant The Links, Incorporated the irrevocable and unrestricted right to use and publish biographical materials, photographs, quotations, and other relevant materials on and about me, or in which I or we may be included. These materials may be published in Links publications, electronic reproductions (websites), and/or promotional materials or for any other purpose and in any manner or medium.

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Signed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
(Date) (Month) (Year)

(Print Name)  
\_\_\_\_\_

(Signature)  
\_\_\_\_\_

(Address)  
\_\_\_\_\_

(City) (State) (Zip Code)  
\_\_\_\_\_

(Email)  
\_\_\_\_\_

(Phone)  
\_\_\_\_\_

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