

LEAD SCHOLARS PROGRAM

(Please type or print)

COLLEGE _____

BLDG/ROOM # _____ **Campus zip +4 code** _____

CONTACT PERSON _____

DEPARTMENT _____

PHONE NUMBER _____

EMAIL ADDRESS _____

POSITION RESPONSIBILITIES:

DESIRED CREDENTIALS (i.e. major, skills, etc.):

DAYS AND TIMES YOU ARE AVAILABLE TO WORK WITH A LEAD SCHOLAR (ex: MWF 8am-11am):

YOUR ANTICIPATED START DATE (if later than 1/15/10):
