



Family Partnership

GRAND TRAVERSE

GROWING MENTORING RELATIONSHIPS

Name _____ Date of birth _____

Address _____

Best phone number _____

Significant other living with you? Yes ___ No ___ Name _____

Children and ages:

Where employed _____

Hours per week _____

Approximate monthly income _____

Approximate monthly expenses _____

High school grad? Yes ___ No ___ Further schooling/training _____

What's your transportation _____

What are your goals? Short term _____

Long term _____

How might a mentor help you with these? _____
