



NAME: _____ CCU I.D. # _____

AGE: _____ SEX: _____

CAMPUS ADDRESS: _____

LOCAL PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____
(Coastal Carolina University Only)

PERMANENT ADDRESS: _____

MAJOR: _____ MINOR: _____

HOBBIES/INTERESTS:

Do you plan to work during school? _____ Yes _____ No _____ Undecided

If yes, _____ Part-time _____ Full-time
_____ On Campus _____ Off Campus

_____ I will participate in the SNAP Mentoring Program

_____ I am not interested in the program

SIGNATURE: _____

Please complete, sign and return prior to **August 4, 2008** to ensure your spot in the program.

Coastal Carolina University
Multicultural Student Services
Prince 215
P.O. Box 261954
Conway, SC 29528-6054

Forms can also be faxed Attn to:
Ebony Bowden, Coordinator of Diversity Programs
Fax: (843)349-2862