

MENTORSHIP APPLICATION

ELEVATE 2021



Your Full Name: _____ Age _____

Telephone Number: _____ Website Address: _____

Your Facebook: _____ Instagram: _____ Twitter _____

Home Address: _____ City _____ Zip Code _____

Please confirm that your photo and business information may be displayed on website? Yes No (check one)



Emergency Contact:

Name: _____

Email Address: _____



Do you currently own a business? Yes No (check one) How long have you owned the business _____

Name of your business _____ Type of business _____

List any organizations you are a member of: Community Group, Local Charity, Faith Group, National Charity, Social group:

List any licenses, certificates and degrees you currently hold:

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List your two greatest accomplishments and why are they considered great to you.

Accomplishment #1

Accomplishment #2

List two goals you would like to focus on this year and what help you feel you need to accomplish it:

Goal #1

Goal #2

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If you are a Certified Life Coach list you two main Areas of Concentration (Niche)

Have you worked with a mentor or participated in a mentorship program in the past? Yes No (check one)

If Yes, please list the mentor's name, program length and what was accomplished:

Why do you want to be a part of this program with Master Life Coach Chris Scott?

If I am accepted into the Elevate 2021, I promise to complete the entire six-month program.

Mentee Signature: _____ Date _____