Application

Our mission at Woman to Woman Mentoring Inc. (W2WM) is to cultivate mentoring relationships that provide women with guidance, support, and community connections. To accomplish that, we offer programs that provide young women ages 18-35 with a volunteer mentor in addition to monthly workshops focused on career, education, and life skills.

Please answer truthfully. Your application is a key piece of information when we are selecting your best possible mentor match.

First Name *

Last Name *

Are you applying to be a mentee or mentor? *

Date of Birth *

mm/dd/yyyy

Age *

Do you currently live, work, attend school in Frederick County, Maryland? *

If no, please contact us for more info. We currently serve the Frederick County region.

Street Address *

Please use your mailing address for all address related fields in this form.

City *

State *

Zip Code *

Email Address *

Phone Number *

Numbers only; no special characters such as [( ) -]

How did you find out about Woman to Woman Mentoring, Inc?
 *

What is the highest level of education that you have
completed *

Are you the first member of your family to attend college? *

If you are a current student, then please list where you are
currently enrolled, your major, and your expected completion
date.

Are you a freshman or sophmore thinking about/ intending to enroll in a STEM major/minor? *

STEM stands for Science, Technology, Engineering, Math

Are you currently employed? *

Select all that apply.

Add an option

If yes, where? What do you do there?

How would you describe yourself? *

We want to know more about you and what you want to do in the future, but first... what's going on in your life at this time? *

Are you interested in help with... *

Select all that apply.

Add an option

What do you hope to gain from your mentor? *

Anything else you'd like to share?

The Woman to Woman Mentoring program requires commitment and perseverance along with a healthy dose of reality. Are you willing to accept the following program requirements? Please check each requirement as you agree to it. *

Add an option

Submit

Never submit passwords through this form. Report abuse