

## PROGRAM APPLICATION

Name: \_\_\_\_\_

Primary Email Address: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Industry: \_\_\_\_\_

Reason for Applying to the Mentoring Program:

\_\_\_\_\_

Specific Knowledge or Skills You Would Like to Attain from a Mentor:

\_\_\_\_\_

Your Goals for the Mentoring Program:

\_\_\_\_\_

Please Submit Your Application by Email to the  
Tulare Kings Hispanic Chamber of Commerce at: \_\_\_\_\_

Selected Mentees will be Matched with a Mentor Based on Their Industry and Goals.