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**Alpha Kappa Delta Mentorship Program**

**Mentor Application**

**Name:**

**Institution:**

**Contact Information:**

**Mailing address:**

**Email address:**

**Phone number:**

**Preferred method of contact:**

**Gender:**

**Male**

**Female**

**Other (please specify):**

**Prefer not to answer**

 **Check the academic rank that most closely applies:**

**Undergraduate Student**

**Graduate Student**

**Post Doc**

**Adjunct**

**Lecturer**

**Assistant Professor**

**Associate Professor**

**Professor**

**Other (please specify):**

**Research/Teaching Area(s) of Interest:**

**Indicate your level of involvement (past or present) with AKD. Please check all that apply.**

**Have received funding from AKD (i.e. travel grant, speaker, etc.)**

**Chapter Representative**

**Regional Representative**

**AKD Executive Council Officer (President, Vice President, etc.)**

**Desired Mentoring Areas (Please rank top 3):**

**Applying to Graduate School**

**Navigating the Graduate School Experience**

 **Publishing**

 **Teaching**

 **Work-Life Balance**

 **Time Management**

 **Alpha Kappa Delta Opportunities**

 **Academic Job Search**

**Career Advising**

 **Tenure and Promotion**

 **Networking**

 **Attending Conference Sessions and/or Social Events**

 **Maximizing the Conference Experience**

 **Not Sure**

 **Other (please specify):**

**We will use desired mentoring areas and research/teaching areas of interest as the primary factors in pairing whenever possible. If you would like for us to consider additional factors when pairing you with a mentor (e.g., academic rank, institution type, gender, etc.) please specify. We will try our best, but cannot guarantee a mentor that matches your requested consideration(s).**

**SUBMISSION**

Please send completed application to Bethany Titus, Executive Director, at AKD@lemoyne.edu