



# ArFuture Grant Program Mentor Information



Arkansas Division of Higher Education

## Mentor Information

Name:

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Address:

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Employer/Business:

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Email Address:

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Telephone Number:

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## College Information

ArFuture College Rep:

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Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

I, \_\_\_\_\_, understand the following responsibilities of the  
ArFuture Grant Mentor Program

- I will participate in at least one mentoring session, per term, with a student for the period that he/she receives ArFuture.
- I will contact the ArFuture college representative if my employment or situation changes.
- I will contact the ArFuture college representative if the student repetitively misses scheduled mentoring times.
- I was selected to be a mentor based, in part, upon my commitment to conduct myself in a professional manner at all times while engaging with my mentee. I recognize that I am in a position of trust with my mentee, and I am obligated to act in a professional and responsible manner. Additionally, I agree to seek resources from the ArFuture college representative to resolve any professional or ethical conflicts that may arise.

Signature

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Date

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