**APPLICATION FOR ASLA-FULBRIGHT ALUMNI MENTORSHIP PROGRAM 2021-22**

Application form for prospective **mentees**

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| **Name** |       |
| **Email** |       |
| **Phone** |       |
| **Address** |       |
| **Field of study/profession** |       |
| **Fulbright grant program, year, host institution/organization, type of studies/research/project as a grantee** |       |

*Please briefly introduce yourself and tell about your academic and professional background.*

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*What expectations and wishes do you have towards the mentorship program and the mentor?*

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*What kind of support you wish from the mentor and the mentorship program?*

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*What topics would you like to be covered with your mentor?*

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*How the mentorship program would serve your goals? How would you like to develop yourself during the program?*

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*In order to achieve benefits from mentoring, the program requires attending meetings with the mentor (typically approx. 6-8 meetings per year), good preparation for the meetings as well as active participation in common kick-off, mid-year and end-program events (online participation available, but face-to-face participation highly recommended, as coronavirus situation allows). Are you committed to devoting sufficiently time to the mentoring program?*

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*Anything else you would like to share? (optional)*

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ASLA-Fulbright Alumni Association offers the mentorship program as an exclusive membership benefit for its members. Current and former Fulbright grantees (grant awarded by Fulbright Finland Foundation or any other Fulbright organization) are eligible for the membership of the association. **Are you a member of the ASLA-Fulbright Alumni Association?**

[ ] Yes [ ]  No, but I am eligible and would be interested in joining the membership. Please send me further information!

**Privacy and data protection**

ASLA-Fulbright Alumni Association (ASLA-Fulbright Alumni Ry) uses the information expressed in this form only for the purposes of the mentorship program. Contact details and mentorship applications will be deleted after the program has ended.

The Association may share the applicant’s contact details and this application wholly or partially with Fulbright Finland Foundation and/or prospective mentors during the application process and the mentoring program.

[ ]  **I give my consent to the processing of personal data as described above** (*mandatory*)

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| --- | --- |
| Date |       |
| Applicant’s name (type with CAPITAL LETTERS) |       |

**Please fill in the application and send it via email to the alumni association** **aslafulbrightalumniassociation@gmail.com** **by October 15, 2021.**