



CSI Mentoring Program 2020-2021 Intake Sheet

*Please return to Lcarberry@stepstosuccessbrookline.org

Full Name: _____ **Profession:** _____

Workplace: _____ **Industry Sector:** _____

Phone #: _____ **Best time to call:** _____

Street Address: _____

City, State, Zip Code: _____

Email Address: _____

College Name: _____

Major in College: _____

Hobbies: _____

Additional Information: