

**West Virginia University**  
**Health Sciences and Technology Academy**  
HSTA Mentor/Counselor Application



1. Name \_\_\_\_\_  
Last First Middle

2. Address (local) \_\_\_\_\_  
Street City State Zip  
Last Date of Residency \_\_\_\_\_

3. Address (home) \_\_\_\_\_  
Street City State Zip

4. Local phone \_\_\_\_\_ Home phone \_\_\_\_\_  
Day phone \_\_\_\_\_ E-Mail Address \_\_\_\_\_

5. Date of birth \_\_\_\_\_ Male \_\_\_\_\_ Married \_\_\_\_\_  
Female \_\_\_\_\_ Single \_\_\_\_\_

6. US Citizen Yes \_\_\_\_\_ No \_\_\_\_\_  
If no, Visa Status \_\_\_\_\_

7. College rank Junior \_\_\_\_\_ Senior \_\_\_\_\_ Graduate or Professional \_\_\_\_\_  
Name of College \_\_\_\_\_

8. Are you taking Summer Classes Session I \_\_\_\_\_ Session II \_\_\_\_\_  
(Put an X in one or both if taking classes Summer 09)

9. Undergraduate Accumulative GPA \_\_\_\_\_  
Advisor \_\_\_\_\_  
Major \_\_\_\_\_

A minimum GPA of 2.5 is required

10. Previous employment (begin with most recent)  
Employer \_\_\_\_\_ Nature of work \_\_\_\_\_ How Long \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. If currently employed with WVU, what department? \_\_\_\_\_

12. Please list 3 personal references: Name, Daytime Phone, and Relationship  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**13. Briefly list your experiences with youth groups, and state the nature of your experiences**

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**14. State briefly what you consider to be the strongest asset you would bring to this summer mentor/counselor position**

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**15. Please include with the application, two letters of recommendation**

**My best time for an interview would be** \_\_\_\_\_ **Day of the week** \_\_\_\_\_ **Hour** \_\_\_\_\_

**16. I agree to submit to a WVU background check:** \_\_\_\_\_  
Please hand write or type in "yes" or "no"

**Signature Required** \_\_\_\_\_  
(Background Check) \_\_\_\_\_ **Full Name** \_\_\_\_\_ **Date** \_\_\_\_\_

**17. Please remember if hired: you will need your Driver's License or Photo ID, Social Security Card and a Blank Check for payroll purposes. You must have a current checking account for Direct Deposit**

**APPLICATION DEADLINE:** 29-Apr-11

**PLEASE RETURN YOUR APPLICATION TO:**

Mail: **Wanda Stone**  
**Robert C Byrd Health Sciences Center**  
**PO Box 9026**  
**Morgantown, WV 26506-9026**

Email: [wstone@hsc.wvu.edu](mailto:wstone@hsc.wvu.edu)