

**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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 \_\_\_\_\_  
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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:** 15-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)