



EARNIE LEE "SHACK" WALKER FOUNDATION

ELSWF

MENTOR PROGRAM ENROLLMENT FORM

S.H.A.C.K.
Supporting Humanity and Challenging Kids



Name

Date

Cell Phone

Work Phone

Address

Current Job/Internship

Why do you want to participate in the Mentor Program?

Name of School

Year in School- Current Grade Level

Expected Graduation Date

Parent/Guardian Signature

Date

Please return completed form to an ELSWF Board Member-