



Mentor for a Day Student Application

Email completed application to Krista Harte Sassaman at ksassaman@schultzwilliams.com or Alan Rich alan@novalabel.com. For more information call Krista at 202-302-2457 or Alan at 301-386-4433.

(Please Print Clearly)

First Name: _____ **Last Name:** _____

Current Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Email: (required)** _____

College or University: _____ **Professor:** _____

Major: _____ **Graduation Year:** _____

What extra-curricular activities do you participate in? _____

Your school has a reputation for having great graduates such as yourself. What makes you stand out from your peers? _____

Would you be interested in visiting more than one business within a calendar year? Yes No

What days are you available for visits?

- Mon Weds Fri
- Tues Thurs

Check your major areas of interest:

- Creative Production
- Account Mgnt/Customer Service _____ Other
- Sales (specify) _____
- Brand Mgnt

RELEASE and AUTHORIZATION

I hereby authorize the Direct Marketing Association of Washington Educational Foundation and its authorized representative(s), bearing the release or copy thereof, to share my information with participating employers.

I understand, also, I am required to abide by all the rules and regulations of the Mentor, and the Direct Marketing Association of Washington Educational Foundation's "Mentor for a Day Program".

Student Signature (Full Name)

Full Name (Printed)

Date

Professor Signature (Full Name)

Full Name (Printed)

Date