

### Center of Excellence for Science

SPC Peer Mentors is a program that works directly with SPC students to ensure student success. Peer mentors will have the opportunity to: 1) Provide educational support for tutoring facilities and outreach programs while benefiting from development workshops; 2) engage in research with and receive mentoring from faculty and staff members; and 3) enhance your communication and teamwork skills. SPC Peer Mentors receive stipends twice a month. The Stipends will be based on the level of student engagement and will be determined prior to starting the position.

#### Qualifications

- 1) 2.5 Grade Point Average (GPA) or Higher<sup>1</sup>
- 2) Currently enrolled with St. Philip's College
- 3) Status as a full time or part time (FT/PT) student in good standing

#### **Application Requirements**

- 1) Complete Application packet
- 2) Availability time sheet completed
- 3) Two current letters of recommendation or two current verifiable references<sup>2</sup>
- 4) Copy of current/planned class schedule

#### **Payment Options**

- 1) Stipends for <u>non-enrolled</u> Peer Mentors/Instructional Leaders will be provided <u>through direct pay</u>, which can be in the form of a check or direct deposit.
- Peer Mentors/Instructional Leaders <u>enrolled</u> at an Alamo Colleges District will be received stipends through their <u>award/scholarship account</u> known as "Heartland." Payments will also be disbursed in a form of check or direct deposit.

\*To ensure stipends are not used to cover any account balances, kindly reach out to the Bursar's Department at St. Philip's College via email at <a href="mailto:spc-bursar@alamo.edu">spc-bursar@alamo.edu</a>. Supervisors will also take note of your preference, and a message will be included in the posting of your award.

I have received and understand the conditions of this peer mentor application packet. I understand that I may have access to sensitive / confidential information; I will abide by all rules and regulations regarding FERPA / HIPPA / ADA / Title IX / HB 300.					
XApplicant Signature	 Date				

Return this application to the Center of Excellence for Science offices: SPC/Martin Luther King campus — Davis Science Bldg., Room 206 SWC/SouthWest Campus — Bldg. 1, Room C153

For Questions - contact Katherine De Leon at kdeleon29@alamo.edu or call (210) 486-7125

<sup>&</sup>lt;sup>1</sup> GPA will be checked before and at the conclusion of each full semester (Fall, Spring, Summer)

<sup>&</sup>lt;sup>2</sup> Letters of recommendation will only be accepted if the letter is less than ½ a year (6calendat months) old.

# **SPC PEER MENTOR APPLICATION**

	CONTACT INFORMATION	
Name	Banner ID	
Date of birth	Degree Concentration/Major	
Earned Hours	GPA	
Student E-mail	Primary Phone	
	WORK EXPERIENCE	
Company Name:	Position Held:	
Address:	Phone:	
City,State,Zip code	Dates of Employment:	
Job Duties:		
Reasons for leaving:		
Company Name:	Position Held:	
Address:	Phone:	
City,State,Zip code	Dates of Employment:	
Job Duties:		
Reasons for leaving:		
	VOLUNTEER EXPERIENCE	
Organization	Dates	
Name:	Volunteered:	
Address:	Phone:	
Volunteer Duties:		
Organization	Dates	
Name:	Volunteered:	
Address:	Phone:	
Volunteer Duties:		
	STUDENT INVOLVEMENT	
	List organizations and positions held	
1.	4.	
2.	5.	

3.

# SPC Peer Mentor AVAILABILITY WORKSHEET

Name:	
Banner ID:	

Please mark out the times in which you are in class in **blue**, and mark the times in which you NOT available in **red**. **MON TUES** WED **THURS** FRI SAT 7:00 a.m. 8:00 a.m. 9:00 a.m. 10:00 a.m. 11:00 a.m. 12:00 p.m. 1:00 p.m. 2:00 p.m. 3:00 p.m. 4:00 p.m. 5:00 p.m. 6:00 p.m. 7:00 p.m. 8:00 p.m.

#### **SPC Peer Mentor**

#### **RECOMMENDATION FORM**

Applicant's Name	Banner ID#
Home Address	
Home Phone	Reference Name
before you submit it to your reference. One of the two reference consider using a guidance counselor, an employer, a cler	Act of 1974, the following options are open to you. Please select
Option I - I waive the right to see t	his evaluation form after it is completed.
Applicant's Signature	
Parents Signature	
(Required for applicants under age 18)	
Option 11-1 I reserve the right to se	ee this evaluation form after it is completed.
Applicant's Signature	
Parent's Signature	
(Required for applicants under age 18)	

#### **RECOMMENDER INSTRUCTIONS:**

Please complete **the following page** only after the student has signed the appropriate option. Please attach any additional information you wish to be considered.

Student will be responsible for attaching and submitting sealed Recommendation Form with the application.

# **EVALUATION (For Reference Use)**

Evaluate the student by checking the appropriate columns for each trait listed.

GOOD

**AVERAGE** 

POOR

**EXCELLENT** 

UNKNOWN

Inquisitiveness				
Motivation				
Perseverance				
Creativity				
Cooperativeness				
Responsibility				
Honesty				
Leadership				
Emotional Stability				
Common Sense				
Adaptability				
Academic Achievement				
What major strengths or weakne	esses have you note	ed in the applicant?		
What other insights do you wish	to convey about the	e applicant?		
My relation to the applicant is: _				
Reference Name:			Title:	
Reference Signature:				_
Tolonhono: (			Email	

#### **SPC Peer Mentor**

#### **RECOMMENDATION FORM**

Applicant's Name	Banner ID#			
Home Address				
Home Phone	_ Reference Name			
APPLICANT INSTRUCTIONS: Please fill in the information requested above and sign the appropriate statement option before you submit it to your reference. One of the two references must be an Alamo Colleges faculty member. Please consider using a guidance counselor, an employer, a clergy member, or other non-family member for a reference.  Note that Pursuant to the Family Education and Privacy Act of 1974, the following options are open to you. Please select one of the following statements before asking your reference to complete this form. By signing, you agree to the				
following option.  Option I - I waive the right to se	ee this evaluation form after it is completed.			
Applicant's Signature				
Parents Signature				
(Required for applicants under age 18)				
Option 11-1 I reserve the right to	o see this evaluation form after it is completed.			
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Academic Achievement					
What major strengths or weaknesses have you noted in the applicant?  What other insights do you wish to convey about the applicant?					
My relation to the applicant is: _					
Reference Name:			Title:		
Reference Signature:					
Telephone: ( )			Email:		