



Intake Application

Thank you for interest in the Men of Merit Program. This program offers unique opportunities for men of color to build academically supportive relationships and seeks to overcome barriers to academic success.

Please fill out the information below:

Name: _____ Date: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

College Email Address: _____ Personal Email Address _____

Ethnicity: _____ Student ID# _____

Major: _____ Undecided: ___ Yes ___ No

Single ___ Married ___ Divorced ___ Children: Yes ___ No ___

Hobbies/Interests/Skills: _____

Please define what the following words mean to you:

Excellence: _____

Distinction: _____

Integrity: _____

Please Circle Yes or No Below:

EOP Student?: Y / N Middle College Student?: Y / N Say Yes Student?: Y / N Veteran?: Y / N

Goals for participating in the Men of Merit Program: (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Develop leadership skills | <input type="checkbox"/> Meet faculty |
| <input type="checkbox"/> Make Friends | <input type="checkbox"/> Develop networking skills |
| <input type="checkbox"/> Develop team work skills | <input type="checkbox"/> Build a resume |
| <input type="checkbox"/> Find study partners | <input type="checkbox"/> Help in the community |
| <input type="checkbox"/> Improve career related skills | <input type="checkbox"/> Get a tutor |
| <input type="checkbox"/> Feel more a part of the college | <input type="checkbox"/> Get a mentor |
| <input type="checkbox"/> Other; please specify: _____ | |

At the present time, are you confident you will graduate with your current major?

- I am not confident; I am planning to change my major.
 I might change my major.
 I am fairly confident I will keep my current major.
 I am very confident I will keep my current major.

After I finish my program at SUNY Erie, I plan to: (Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Work in a field of study | <input type="checkbox"/> Start my own company |
| <input type="checkbox"/> Work in a state or government setting | <input type="checkbox"/> Enter the military |
| <input type="checkbox"/> Work for a community organization | <input type="checkbox"/> Not sure |
| <input type="checkbox"/> Attend a four-year college | |
| <input type="checkbox"/> Other, please specify _____ | |

As a willing participant in the Men of Merit Program, I agree to abide by all program guidelines. I commit to attending all scheduled meetings and events of the organization as well as meeting with my advisor and/or Dr. Wilson when necessary. If unable to attend I will give prior notice directly to Dr. Wilson by college email. If I wish to discontinue my relationship with the Men of Merit Program, I will first notify Dr. Wilson to discuss my reasons. I give permission for Dr. Wilson to obtain updates on my academic progression and to use photographs taken during Men of Merit Program events.

Signature

Date

Return Application to:
Dr. Marvin Wilson, Men of Merit Program Coordinator
ECC City Campus – Oak St. Building – Room 146