

**The Association of Black Psychologists
Student Circle**

Jegnaship Information Form

Are you a: () Professional Member () Student Member

Name: _____

Address: _____

Phone: _____

Email: _____

Preferred Method of Contact: _____

University Affiliation: _____

Student: YES NO Level: Undergraduate Graduate

Year: _____

Professional Affiliation/Title: _____

Research/Clinical Interests: _____

What do you expect from a mentor/mentee?

What do you hope to gain from the mentor relationship?

Would you be interested in a jegnaship family; which would include one (1) professional,
one (1) graduate student, and one (1) undergraduate student? YES NO

Please Return to:

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