

Owasso 7th Grade Center
Application for Student Mentor

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

Grade Point Average: _____

Course Description: This class is designed to promote an understanding of students with disabilities and inform the general education population of individual differences. Mentors may be assigned to help within the special class, at lunch, or within a regular education classroom. Students applying for this course should have a genuine interest in performing a service function for the school.

I would be interested in working with Special Education Students. ☐ Yes ☐ No

Write a paragraph explaining why you would like to be accepted as a student mentor.

List a minimum of three personal character traits that will make you an excellent student mentor:

This application is two-sided.

Please list your teachers' first & last names in the blanks below.

1st Hr. Teacher: _____

2nd Hr. Teacher: _____

3rd Hr. Teacher: _____

4th Hr. Teacher: _____

5th Hr. Teacher: _____

6th Hr. Teacher: _____

**All of your teachers will receive an electronic recommendation
Once your completed application is received at the 7GC.**

Student Signature: _____

Parent Signature: _____

**This application is due in the 6th Grade Counseling Office by
Friday, March 6th, 2026**