



ALAMO  
COLLEGES  
DISTRICT

**St. Philip's College**

**Center of Excellence for Mathematics**

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 **non-enrolled** Peer Mentors/Instructional Leaders will be provided **through direct pay**, which can be in the form of a check or direct deposit.
- 2) Peer Mentors/Instructional Leaders **enrolled** at an Alamo Colleges District will be received stipends through their **award/scholarship account** 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 [spc-bursar@alamo.edu](mailto:spc-bursar@alamo.edu). Supervisors will also take note of your preference, and a message will be included in the posting of your award.*

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*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.*

**X**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

Return this application to the Center of Excellence for Mathematics office:

SouthWest Campus – Bldg. 1, Room C153

Or email application to [spc-coem@alamo.edu](mailto:spc-coem@alamo.edu)

For Questions – contact Katherine De Leon at [kdeleon29@alamo.edu](mailto:kdeleon29@alamo.edu) - (210) 486-7125

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

<sup>2</sup> Letters of recommendation will only be accepted if the letter is less than ½ a year (6 calendar 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 Name:		Dates Volunteered:	
Address:		Phone:	
Volunteer Duties:			
Organization Name:		Dates Volunteered:	
Address:		Phone:	
Volunteer Duties:			

## STUDENT INVOLVEMENT

List organizations and positions held

1.	4.
2.	5.
3.	6.

# 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.						

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**SPC Peer Mentor**  
**RECOMMENDATION FORM**

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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 see 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 see 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.

	POOR	AVERAGE	GOOD	EXCELLENT	UNKNOWN
Inquisitiveness					
Motivation					
Perseverance					
Creativity					
Cooperativeness					
Responsibility					
Honesty					
Leadership					
Emotional Stability					
Common Sense					
Adaptability					
Academic Achievement					

Describe briefly the kind and quality of the applicant's work. In your estimation, what does the applicant's work reveal about him/her?

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: \_\_\_\_\_

**Thank you, please return this evaluation to students in a sealed envelope.**

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**SPC Peer Mentor**  
**RECOMMENDATION FORM**

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Applicant's Name \_\_\_\_\_ Banner ID# \_\_\_\_\_

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Home Phone \_\_\_\_\_ Reference Name \_\_\_\_\_

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Telephone: (     ) \_\_\_\_\_ Email: \_\_\_\_\_

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