

ISLAMIC GIRLS DEVELOPMENT FOUNDATION

MENTOR REGISTRATION FORM

LAST NAME: __SULEMANA__

FIRST NAME: ____SAMIRA

YEAR OF COMPLETION: __1993__
__WRIGLEY__

PROGRAMME: __ARTS__

HOUSE:

CONTACT NO.: __1(973) 2232761__ EMAIL:

____SULEMANA.ESQUIRE@GMAIL.COM__

OCCUPATION/PROFESSION: _____

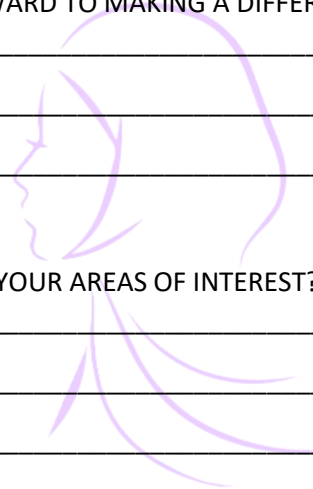
HIGHEST ACADEMIC QUALIFICATION: DEGREE MASTERS DOCTORATE OTHER: _JD
LAW _____

WHY DO YOU WANT TO BE A MENTOR? : __TO GIVE BACK TO MUSLIM GIRLS. I BELIEE I HAVE SO MUCH TO OFFER AND
LOOK FORWARD TO MAKING A DIFFERENCE IN THE LIVES OF MUSLIM
GIRLS _____

WHAT ARE YOUR AREAS OF INTEREST? __ACADEMIC, CAREER, RELIGIUOS AND SOCIAL DEVELOPMENT OF MENTEES

WHAT IS YOUR UNDERSTANDING OF THE COMMITEMENT? __WILL PUT MY BEST FOOT FORWARD AND BE AVAILABLE
CONSISTENTLY TO MEET THE NEEDS OF THE MENTEES _____

WHAT ARE YOUR EXPECTATIONS? ____A SUCCESSFUL MENTORSHIP
PROGRAM _____



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Islamic Girls Development Foundation

Mentorship • Growth • Impact

ISLAMIC GIRLS DEVELOPMENT FOUNDATION

SIGNATURE Samira Sulemana DATE:
01/05/2022 _____



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