Walled Lake Northern High School  
PALs (Peers As Leaders) SNAPS (Student Needing a Pal)  
Mentoring Program Application  
Applications due to Mrs. Williams/Mrs. Wilson or Mrs. Wegner/Mrs. Rogensues by February 28th at 2:15 pm

NAME: __________________________________________ Grade next school year: _______ 
Student Email Address: _____________________________________________________________ 
Counselor: __________________________________________ Current GPA: ________________ 
I am interested in 4th hour SNAPS (Williams) ASD SNAPS 1-6 SNAPS (please circle one) 

Please write your current class schedule on the back of this application! 
I have read the course description for PAL/SNAP and want to be a member of the class because: 
______________________________________________________________________________ 
______________________________________________________________________________ 
______________________________________________________________________________ 
What skills/personality strengths do you feel you can bring to this program? 
______________________________________________________________________________ 
______________________________________________________________________________ 
______________________________________________________________________________ 
How might participation in this program offer steps toward your future career goals? 
______________________________________________________________________________ 
______________________________________________________________________________ 
______________________________________________________________________________

**Two teacher recommendations provided to Ms. Williams(aprilwilliams@wlcsd.org) and/or Ms. Wegner(kristinwegner@wlcsd.org) through e-mail. 
Teachers this can be short, we do not need a formal letter of rec. 
Teacher Name_________________ Teacher signature______________________

***I have read the requirements for the SNAP/PAL program at Walled Lake Northern High School and approve of my student’s participation should he/she be selected. 
Student Signature: ____________________________ Date: ______________ 

***I have read the requirements for the SNAP/PAL program at Walled Lake Northern High School and I agree to them if selected. 
Parent Signature: ____________________________ Date: ______________ 

Mrs. Williams (Special Education Teacher)  Mrs. Rogensues (ASD Teacher)  
Mrs. Wegner (ASD Teacher)  Ms. Wilson (Special Education Teacher)