**MENTOR APPLICATION**

Please complete the following information electronically.

**Personal Information**:

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| --- | --- | --- | --- | --- | --- |
| Name & Title: |  | | | | |
| SAU/District: | |  | | | |
| E-mail: |  | | | | |
| Phone: |  | | | Years of experience as a special education administrator |  |
| Areas of NH Certification: | | |  | | |

**Application information**:

|  |  |
| --- | --- |
| 1. What do you feel are the strengths you can bring to this program: | |
|  | |
| 2. List your Expertise/Education/Professional Development in these areas: | |
|  | |
| 3. Write a brief statement on why you have chosen to participate in the mentor program: | |
|  | |
| 3. Initial the statements below: | |
|  | I understand that I may participate in the program as long as I am currently employed as a NH district special education director. |
|  | I understand the mentor program involves attending a training on  August 22, 2023 |
|  | I understand the mentor program involves working with my mentee at least twice a month either in person, or by phone, webinar, Skype, etc. |
|  | I understand the mentor program involves attending a one-day meeting on June 18, 2024 with the Bureau staff and the mentees. |
|  | My resume is attached. |
|  | I certify to the best of my ability that the information provided on this application is true and accurate. I also understand that misinformation knowingly provided here, and on subsequent mentor application forms, may result in removal from the program and severance of the contract. |
|  | I have the ability to enter into a P-37 contract with the Department of Education.  **If you are currently have a vendor code please enter it here:** |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Signature |  | Date |