**MENTEE APPLICATION**

**Personal Information**:

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Name: | |  | | | | | |
| SAU/District: | | | |  | | | |
| Email: |  | | | | | | |
| Phone: | | |  | | | Start date as a special education administrator: |  |
| Areas of Certification: | | | | |  | | |

**Application information**:

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| 1. Write a brief statement on why you have chosen to participle in the mentee program: | |
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| 2. Briefly describe what you hope to gain from the mentor/mentee program. | |
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| 3. Initial the statements below: | |
|  | I understand the mentee program involves attending a half day training provided by Bureau staff Monday, August 22, 2023 from 9am–1pm along with your assigned mentor. |
|  | I understand the mentee program involves working with my mentor at least twice a month either in person, or by phone, webinar, Skype, etc. |
|  | I understand the mentee program involves attending a workshop on Tuesday, June 18, 2024 from 9am–11am with the Bureau staff and the mentors. |
|  | 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. |

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| Signature |  | Date |