

MENTOR PROGRAM



THE MENTOR PROGRAM PROTÉGÉ APPLICATION

APPLICATIONS ACCEPTED
JUNE 1 - JULY 30

Personal Data

LAST NAME		FIRST NAME	MIDDLE	
TITLE		DEPARTMENT	ORGANIZATION	
OFFICE ADDRESS		CITY	STATE	ZIP
HOME ADDRESS				
CITY		STATE	ZIP	
(CELL PHONE)	BUSINESS PHONE		DATE OF BIRTH	GENDER
WORK EMAIL		PERSONAL EMAIL		

Education

List chronologically all colleges, universities and other educational institutions attended since high school.

NAME		DEGREE RECEIVED		
LOCATION		DATE OF COMPLETION		
NAME		DEGREE RECEIVED		
LOCATION		DATE OF COMPLETION		
NAME		DEGREE RECEIVED		
LOCATION		DATE OF COMPLETION		
NAME		DEGREE RECEIVED		
LOCATION		DATE OF COMPLETION		

Employment History

List significant employment, beginning with current position

TITLE	AGENCY/DEPARTMENT	DATES
		()
SUPERVISOR		TELEPHONE NUMBER
DUTIES (include number of people you supervise)		

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		()
SUPERVISOR		TELEPHONE NUMBER
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		()
SUPERVISOR		TELEPHONE NUMBER
DUTIES (include number of people you supervise)		

Professional Associations

<i>Organization</i>	<i>Specific Dates of Involvement</i>	<i>Office Held, if any</i>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Civic and Social Activities

List civic and social activities or organizations in which you participate.

<i>Organization/Activity</i>	<i>Leadership Role, if any</i>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

Distinctions, Honors, Awards, and Other Recognitions of Achievement

Please indicate the basis of selection and date for each listing.

Essays

Please respond concisely to both of the following questions. Limit your answer to one double-spaced typewritten page per essay and enclose essays with this application.

- 1. What does mentoring mean to you and how do you see this Mentor Program playing a role in your professional development? What qualities and/or experience do you look for in a mentor?**
- 2. Looking ten years into the future, where do you envision yourself professionally and what plans have you developed to meet your professional objectives?**

References

Please give the names, addresses, telephone numbers, positions, and organizations of the people you have asked to provide recommendations for you. If you do not include your immediate supervisor, please explain. NOTE: Applications will be considered incomplete without all three letters of reference.

1.

NAME

TITLE AND ORGANIZATION

ADDRESS

PHONE

RELATIONSHIP

2.

NAME

TITLE AND ORGANIZATION

ADDRESS

PHONE

RELATIONSHIP

3.

NAME

TITLE AND ORGANIZATION

ADDRESS

PHONE

RELATIONSHIP

The Mentor Program requires some travel for participation. Once accepted, Protégées will be required to travel to the workplace of their Mentor's for a mandatory shadow day. Do you have any travel restrictions or requirements?

Do you have any food allergies or preference? If yes, please detail them below.

I hereby declare that the information provided by me in this application is true, correct and complete to the best of my knowledge.

SIGNATURE

DATE

Please remit all materials to: **National Forum for Black Public Administrators**

The Mentor Program
777 N. Capitol Street, NE, Suite 550
Washington, DC 20002
Adminservices@nfbpa.org
(202) 408-9300

In the rating chart below, please evaluate the applicant in comparison with other candidates whom you have known during your professional career.

	Excellent	Very Good	Average	Below Average
Intellectual Ability				
Knowledge of Field				
Work Habits				
Motivation				
Resourcefulness				
Initiative				
Emotional Maturity				
Adaptability to New Situations				
Leadership Qualities				
Community Leadership				
Management Ability				
Interpersonal Skills				
Communication Skills				

NAME AND TITLE (Print)

ORGANIZATION

SIGNATURE

DATE

Please return this form to:
National Forum for Black Public Administrators
The Mentor Program
777 N. Capitol Street, NE Suite 550
Washington, DC 20002
Adminservices@nfbpa.org
202-408-9300 Ext. 101

**National Forum for Black Public Administrators
THE MENTOR PROGRAM**

EMPLOYER AUTHORIZATION FORM

The portion below is to be filled out and signed by the supervisor of the applicant

NAME TITLE AGENCY/DEPARTMENT/ORGANIZATION

WORK ADDRESS CITY STATE ZIP

TELEPHONE RELATIONSHIP

APPLICANT NAME (print): _____

I _____ certify that my agency/department/organization is aware of the financial and time commitments associated with the National Forum for Black Public Administrators Executive Leadership Institute. I will allow my employee to participate in the MENTOR Program Sessions as they occur and I approve of this professional development opportunity. My organization has identified the funding and will remit the funding in full by July 30th or make other payment arrangements with National Forum for Black Public Administrators National Office in a timely manner.

EMPLOYER SIGNATURE

DATE