GRSD MENTOR APPLICATION

Name: _____

School: _____

Grade Level/Subject: _____

Years in Teaching:_____ # Years Teaching in this District:_____

1. Please describe experiences you have had, both formally and informally, as a mentor. Include any training you have received.

2. What do you believe is the role of a mentor?

3. What personal/professional qualities do you have that will enhance the mentor program?

4. Why do you want to participate in this program?

Please submit this application with cover letter of interest to the Mentor Coordinator by the date posted. Please attach a Principal Recommendation Letter indicating support for your selection as a mentor.