



CBI Exceptional Mentorship Course Application

Introduction: Thank you for your interest in the Exceptional Mentorship Class! In this program, you will work alongside students with exceptionalities to foster inclusion, provide support, and help create an empowering and inclusive learning environment. Please complete the following application so we can learn more about you and why you're interested in this important role.

Personal Information

Full Name:

Grade Level:

Email Address:

Phone Number :

Current Teachers :

Essay Questions

In a 1-2 page essay please answer the following questions thoughtfully and attach it to this application. There is no right or wrong answer – we want to understand your motivations and experiences!

- **Why are you interested in becoming a CBI Exceptional Mentor for students with exceptionalities?**(Please describe why you want to be a part of this program, and what you hope to learn from it.)
- **What personal qualities or skills do you possess that would make you a good CBI Exceptional Mentor?**(Think about your communication, problem-solving, or leadership skills.)
- **Do you have any previous experience working with students with exceptionalities or in a mentorship role?**(Please describe any relevant experience you may have, whether formal or informal.)
- **How do you plan to create an inclusive and supportive environment for students with exceptionalities?**(Think about specific strategies or behaviors you would implement to ensure inclusivity.)



Parent/Guardian Acknowledgment and Signature

Dear Parent/Guardian,

We are excited that your child is interested in participating in the CBI Exceptional Mentor Class. This is an excellent opportunity for personal growth, but please note that the expectations for this program are high. CBI Exceptional Mentors are expected to demonstrate maturity, responsibility, and a strong commitment to supporting students with exceptionalities.

This role will require consistency, adaptability, and a positive attitude. We ask that you support your child's involvement by ensuring they can manage the time commitment and responsibilities. Your acknowledgment and support are essential for your child's success in this program.

Please review the expectations with your child and sign below to confirm your support for their participation.

Parent/Guardian Signature: _____

Date: _____

Parent/Guardian Name (Printed): _____

Contact Email/Phone Number: _____

By signing below, I understand that submitting this application does not guarantee a spot in the Exceptional Mentorship Class. If selected, I agree to follow the program's expectations and guidelines.

Student Signature: _____

Date: _____

Thank you for your application!

We appreciate your interest in making a positive difference in the lives of students with exceptionalities. We will review all applications and notify selected students for further steps.

BEAR COUNTRY