

St. Mary Parish School Board

APPLICATION FOR REIMBURSEMENT OF MENTOR FEES

Note: Must be submitted during the same fiscal year completed (July 1 – June 30).

Name:	Date:
Social Security Number:	School:
Address: Including city, state, zip.	Position:
	Phone:
PARTICIPANT CATEGORY: Mentor Teacher Endorsement Provisional Mentor Teacher Endorsement	
APPLICANT'S SIGNATURE	PRINCIPAL/SUPERVISOR'S SIGNATURE
This completed application A copy of your valid teaching certificate showing me Proof of payment Completed documents should be sent via email to KESTAY® Human Resources Director, Central Office Complex.	
	For Office Use Only: Pay\$