



STATE OF MISSOURI  
 DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION  
 DIVISION OF CAREER EDUCATION  
 P.O. Box 480, Jefferson City, Missouri 65102-0480  
 Phone: (573) 751-3500 • Fax: (573) 526-4261

## Protégé Application for Participation in Career Education Mentoring Program

PLEASE RETURN COMPLETED FORM TO THE COORDINATOR OF CAREER EDUCATION AT THE ABOVE ADDRESS.

### TO BE COMPLETED BY APPLICANT

NAME OF APPLICANT (Last, First, MI)		*SOCIAL SECURITY NO.	
HOME STREET ADDRESS		CELL PHONE NO.	HOME PHONE NO.
CITY		STATE	ZIP CODE
APPLICANT'S SCHOOL E-MAIL ADDRESS		HOME E-MAIL ADDRESS	
SCHOOL DISTRICT NAME		SCHOOL BUILDING NAME	
TEACHING ASSIGNMENT FOR THE UPCOMING SCHOOL YEAR			
<input type="checkbox"/> Agricultural Education <input type="checkbox"/> Family and Consumer Sciences <input type="checkbox"/> Technology and Engineering Education <input type="checkbox"/> Business Education <input type="checkbox"/> Health Sciences Education <input type="checkbox"/> Counselor 9-12 <input type="checkbox"/> Cooperative Education <input type="checkbox"/> Marketing Education <input type="checkbox"/> Counselor K-12 <input type="checkbox"/> Occupational Family and Consumer Sciences ( <i>specify program area</i> ) _____ <input type="checkbox"/> Skilled Technical Sciences ( <i>specify program area</i> ) _____			
STUDENT ORGANIZATION ASSIGNMENTS FOR THE UPCOMING SCHOOL YEAR		SPECIFY COURSES TO BE TAUGHT	
ARE YOU: <input type="checkbox"/> First-year educator <input type="checkbox"/> Second-year educator <input type="checkbox"/> Experienced educator teaching in a program area for the first time <input type="checkbox"/> Returning educator in a program area after absence of five years or more <input type="checkbox"/> Returning educator teaching in a new program area after absence of five years or more			

### PROTEGE COMMITMENT

By signing this application, I commit to actively participate in the mentoring program by communicating regularly with my mentor, attending all required meetings, and making a visit to the mentor's school or having the mentor visit my school.

SIGNATURE OF APPLICANT	DATE
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\* View the Social Security Disclosure Notice

### SCHOOL DISTRICT COMMITMENT

The school district will provide support for this applicant to participate as a protégé in the Career Education Mentoring Program. This includes allowing the applicant to: be absent from school for all required meetings, make a visit to the mentor's school or have the mentor visit your school, and communicate regularly with the mentor. The cost of the applicant's substitute teacher for the required absences from school, up to a maximum of \$70 per day, will be reimbursed to the District.

NAME OF ADMINISTRATOR MAKING COMMITMENT (Please print)	TITLE
SIGNATURE OF ADMINISTRATOR	DATE

*The Department of Elementary and Secondary Education does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities. Inquiries related to Department programs and to the location of services, activities, and facilities that are accessible by persons with disabilities may be directed to the Jefferson State Office Building, Civil Rights Compliance (Title VI/Title IX/504/ADA/Age Act), 5th Floor, 205 Jefferson Street, Jefferson City, MO 65102-0480; telephone number 573-526-4757 or Relay Missouri 800-735-2966.*