



**PROTÉGÉ APPLICATION FOR PARTICIPATION IN CAREER EDUCATION MENTORING PROGRAM**

**INSTRUCTIONS**

Please return completed form to the  
 Coordinator of Career Education  
 P.O. Box 480, Jefferson City, Missouri 65102-0480; Phone: (573) 751-3500 • Fax: (573) 526-4261

**APPLICANT INFORMATION (to be completed by applicant)**

LAST NAME		FIRST NAME		MIDDLE INITIAL	COUNTY-DISTRICT CODE
HOME STREET ADDRESS			CELL PHONE	HOME PHONE	
CITY			STATE	ZIP CODE	
APPLICANT'S SCHOOL EMAIL ADDRESS			APPLICANT'S HOME EMAIL 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 (specify program area) _____		
<input type="checkbox"/> Skilled Technical Sciences (specify program area) _____		

STUDENT ORGANIZATION ASSIGNMENTS FOR THE UPCOMING SCHOOL YEAR	SPECIFY COURSES TO BE TAUGHT
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ARE YOU

First-year educator

Second-year educator

Experienced educator teaching in a program area for the first time

Returning educator in a new program area after absence of five years or more

Returning educator teaching in a new program area after absence of five years or more

**PROTÉGÉ COMMITMENT**

By signing this application, I commit to actively participate in the mentoring program by communicating regularly with my mentor and attending all required meetings.

SIGNATURE OF APPLICANT	DATE
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**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 and to communicate regularly with the mentor. Upon successful completion of the program, a stipend of \$200 will be paid to the protégé's school. The protégé's expenses related to the mentoring program will be reimbursed upon the district's discretion.

NAME OF ADMINISTRATOR MAKING COMMITMENT (Please print)	TITLE
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SIGNATURE OF ADMINISTRATOR	DATE
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The Department of Elementary and Secondary Education does not discriminate on the basis of race, color, religion, gender, national origin, age, or disability 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, Office of the General Counsel, Coordinator – Civil Rights Compliance (Title VI/Title IX/504/ADA/Age Act), 6th Floor, 205 Jefferson Street, P.O. Box 480, Jefferson City, MO 65102-0480; telephone number 573-526-4757 or TTY 800-735-2966; email [civilrights@dese.mo.gov](mailto:civilrights@dese.mo.gov).