

**WASBO MENTORSHIP PROGRAM
PROTÉGÉ APPLICATION**

Name: _____

Title: _____ District: _____

Phone: _____ Email: _____

Matching Information To help in matching, please tell us about yourself.

Job Title: _____

Job Responsibilities: _____

District Enrollment: _____

Previous School District Experience: _____

Previous Non-School District Employment: _____

Post-Secondary Education: Coursework _____

Highest Degree _____

WASBO Regional: _____ CESA _____

Certifications/Licensures held: 08 School Business Manager _____

Other: _____

What do you hope to achieve by participating in the WASBO mentoring program:

Is there any other information WASBO should know about your preferences:

Sign and Date on back

Program Commitment I understand that working in a mentor/protégé relationship can be an extremely rewarding experience, and I appreciate that the beneficial outcomes require:

- A professional commitment to share openly, to communicate effectively, and to learn from each other;
- A personal commitment to be receptive to guidance and willing to learn; and
- Attend local regional meeting and participate in professional development opportunities.

Signed: _____ Dated: _____

Return to: WASBO Mentorship Program, 4797 Hayes Road, Suite 101, Madison, WI 53704