



**National Forum for
Black Public Administrators
THE MENTOR PROGRAM
PROTÉGÉ APPLICATION**

Personal Data

LAST NAME	FIRST	MIDDLE
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WORK ADDRESS

CITY	STATE	ZIP
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HOME ADDRESS

CITY	STATE	ZIP
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() HOME PHONE	() BUSINESS PHONE	EMAIL
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DATE OF BIRTH	SOC. SEC. NUMBER	M / F (PLEASE CIRCLE ONE)
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Education

List chronologically all colleges, universities and other educational institutions attended since high school.

NAME	DEGREE
LOCATION	DATE OF COMPLETION

NAME	DEGREE
LOCATION	DATE OF COMPLETION

NAME	DEGREE
LOCATION	DATE OF COMPLETION

NAME	DEGREE
LOCATION	DATE OF COMPLETION

Employment History

List significant employment, beginning with current position

TITLE	AGENCY/JURISDICTION	BEGINNING DATE
		()
SUPERVISOR		TELEPHONE NUMBER
DUTIES (include number of people you supervise)		

TITLE	AGENCY/JURISDICTION	BEGINNING DATE
		()
SUPERVISOR		TELEPHONE NUMBER
DUTIES (include number of people you supervise)		

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		()
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DUTIES (include number of people you supervise)		

TITLE	AGENCY/JURISDICTION	BEGINNING DATE
		()
SUPERVISOR		TELEPHONE NUMBER
DUTIES (include number of people you supervise)		

Professional Associations

Organization	Specific Dates of Involvement	Office Held, if any
1. _____		
2. _____		
3. _____		

Civic and Social Activities

List civic and social activities or organizations in which you participate.

Organization/Activity	Leadership Role, if any
1. _____	
2. _____	
3. _____	
4. _____	

Distinctions, Honors, Awards, and Other Recognitions of Achievement

Please indicate the basis of selection and date for each listing.

Essays

Please respond concisely to both of the following questions. Limit your answer to one double-spaced typewritten page per essay and enclose essays with this application.

- 1. What does mentoring mean to you and how do you see this Mentor Program playing a role in your professional development?**
- 2. Looking ten years into the future, where do you envision yourself professionally and what plans have you developed to meet your professional objectives?**

References

Please give the names, addresses, telephone numbers, positions, and organizations of the people you have asked to provide recommendations for you. If you do not include your immediate supervisor, please explain. NOTE: Applications will be considered incomplete without all three letters of reference.

1.

NAME

TITLE AND ORGANIZATION

ADDRESS

()
PHONE

RELATIONSHIP

2.

NAME

TITLE AND ORGANIZATION

ADDRESS

()
PHONE

RELATIONSHIP

3.

NAME

TITLE AND ORGANIZATION

ADDRESS

()
PHONE

RELATIONSHIP

I hereby declare that the information provided by me in this application is true, correct and complete to the best of my knowledge.

SIGNATURE

DATE

Please remit all materials to: **National Forum for Black Public Administrators**

The Mentor Program
777 N. Capitol Street, NE
Suite 807
Washington, DC 20002 (202) 408-9300

Mentor Program
Letter of Reference

This letter of reference must be written by an employer under whom the applicant has worked in his/her field of study, by someone who has supervised the candidate, or someone who knows the candidate's work performance. This letter should be typewritten if possible.

NAME OF APPLICANT

NAME OF RECOMMENDER

i. How long have you known the applicant?

ii. In what capacity have you known the applicant?

Teacher or Professor

Employer or Job Supervisor

Other (Please specify)

iii. Please provide a candid evaluation of the applicant's past performance and ability to pursue the development of a mentor relationship with a public executive. Your statement will be given strong consideration by the panel reviewing this candidate's application, and should, therefore, be as complete and detailed as possible. Please continue your comments on the reverse side if more space is needed

In the rating chart below, please evaluate the applicant in comparison with other candidates whom you have known during your professional career.

	Excellent	Very Good	Average	Below Average
Intellectual Ability				
Knowledge of Field				
Work Habits				
Motivation				
Resourcefulness				
Initiative				
Emotional Maturity				
Adaptability to New Situations				
Leadership Qualities				
Community Leadership				
Management Ability				
Interpersonal Skills				
Communication Skills				

NAME AND TITLE (Print)

ORGANIZATION

SIGNATURE DATE

Please return this form to:
National Forum for Black Public Administrators
The Mentor Program
 777 N. Capitol Street, NE
 Suite 807
 Washington, DC 20002