



**MENTORING
PROGRAM
APPLICATION**

Personal Information

Name

Title

Institution

Institution Address

Institution Classification (check one)

Research

Comprehensive

Small College

Community College

Phone Number

Email Address

Current Position

Length of Time in Present Position

Title of Person To Whom You Report

Brief Description of Your Responsibilities

Interest in Mentoring Program

What are you looking for in a mentor? Would you prefer a mentor from a similar institution (public/private, size, mission) or different? With a similar background (corporate or not, budget or accounting, etc.) or different? Is there a particular expertise you hope to learn about?

Please share with us a brief description of your interest in the program and what you hope to accomplish. Areas you might wish to touch on include:

- Your other formal professional development experiences
- What you consider your own current strengths
- Areas where you are looking for additional development
- How you think this mentoring program will help you achieve your objectives

Career Aspiration

- What are your career aspirations? Do you aspire to be a CBO?
- What role do you hope to be in within the next two, five, ten years?

To Apply:

Send this completed form, along with your current resume/curriculum vitae and a letter of reference to mentoring@eacubo.org

DEADLINE for submission is February 25, 2022

QUESTIONS? Contact mentoring@eacubo.org