

## Mentor Application SUNY Oneonta Bilingual Education Program

Date: \_\_\_\_\_

PERSONAL INFORMATION		
STUDENT/APPLICANT NAME (First and Last):		
MENTOR NAME (First and Last):		
ADDRESS: Street Number and Name, City & State:	Zip Code:	Home Phone:
EMAIL ADDRESS:		Cell Phone:
A Master's Degree in Education is required to be a mentor in this program. What is your Master's degree in?		<b>Office Use Only</b>
What teaching certifications do you currently hold?		
Do you have tenure in the same school district as the applicant?  <input type="checkbox"/> YES <input type="checkbox"/> NO	Do you have three years' experience teaching K-12 English Language Learners in an inclusive environment?  <input type="checkbox"/> YES <input type="checkbox"/> NO	
Do you agree to participate in online training regarding the mentoring process and expectations?  <input type="checkbox"/> YES <input type="checkbox"/> NO		
Do you agree to participate in SUNY Oneonta-provided online professional development workshops based on research and best practices?  <input type="checkbox"/> YES <input type="checkbox"/> NO		
*Please provide one letter of recommendation from your school administrator along with this application which shows his/her support of your mentor position.		
Signature: _____		

Return completed form to:  
Office of Graduate Studies – SUNY Oneonta  
108 Ravine Parkway  
Oneonta, NY 13820  
Fax: 607-436-3084  
Email: [gradstudies@oneonta.edu](mailto:gradstudies@oneonta.edu)