



Journalism Education Association
MENTOR PROGRAM
APPLICATION

If accepted to the JEA Mentoring Program, we agree to the following:

- to remain in the program for a minimum of two years.
- to oversee the program in this state, with the person making this application as the contact person with the JEA Mentoring Program (or his/her successor).
- to maintain funding through one or more funders with a stipend of \$2,500 a year per mentor for the two-year minimum commitment to this program. (This means you now have funding lined up for two years.)
- to arrange for the funder(s) to send the yearly stipends for the two mentors to the Journalism Education Association, Kansas State University, 103 Kedzie Hall, Manhattan, KS 66506. Payments should be sent by August 10. JEA will then pay each of the mentors in two installments at the end of each semester.
- to recruit one or two mentors who are committed to a minimum of two years of mentoring. (New mentors must be able to attend mentor training at the spring JEA/NSPA convention and participate in several webinars in spring and summer before beginning the two years of mentoring.)
- to publicize the Mentoring Program within your state whenever possible and appropriate.
- to forward to the Mentoring Program co-chairs copies of whatever publicity you are able to generate.
- to assist the mentors in identifying new journalism teachers/advisers whom they can support as mentors.
- to provide as much assistance as possible, financial and otherwise, to the mentees in your state.
- to find replacement mentors if the current mentors are unable to continue as mentors.

STATE

YEAR OF APPLICATION

NAME OF PERSON MAKING APPLICATION

E-MAIL

PHONE

ORGANIZATION YOU REPRESENT

YEARLY STIPEND YOU WILL BE PAYING EACH MENTOR

DESCRIBE OTHER IN-STATE SUPPORT THAT HAS BEEN COMMITTED
OR DESCRIBE WHERE YOU WILL PURSUE OTHER IN-STATE SUPPORT.

By MARCH 1 save and e-mail this PDF form as an attachment to

Linda Barrington • lbarring@wi.rr.com

AND

Julie Dodd • jdodd@jou.ufl.edu

MENTOR PROGRAM APPLICATION/2

STATE FUNDER(S) RESPONSIBLE FOR MENTOR STIPEND

1. ORGANIZATION

CONTACT NAME FIRST MI LAST
STREET ADDRESS
CITY STATE ZIP
E-MAIL ADDRESS
PHONE NUMBER

2. ORGANIZATION

CONTACT NAME FIRST MI LAST
STREET ADDRESS
CITY STATE ZIP
E-MAIL ADDRESS
PHONE NUMBER

MENTOR INFORMATION

1. **NAME** FIRST MI LAST
STREET ADDRESS
CITY STATE ZIP
E-MAIL ADDRESS
PHONE NUMBER
MEDIA ADVISED
BRIEF BIO (MINIMUM 100 WORDS)

2. **NAME** FIRST MI LAST
STREET ADDRESS
CITY STATE ZIP
E-MAIL ADDRESS
PHONE NUMBER
MEDIA ADVISED
BRIEF BIO (MINIMUM 100 WORDS)