**Campbell High School Mentorship Program**

**Application for 2025 – 2026**

**Contact: Coach Shaner (Room 703)** [**edward.shaner@cobbk12.org**](mailto:edward.shaner@cobbk12.org)

***Complete the application below. Please print neatly. Applications should be returned to Coach Shaner in 703 (during class return to the basket intside the room) or to Coach Shaner’s box in the Teacher’s Lounge. Include a reference letter from one teacher with this form. The minimum GPA required for this program is a 3.0 (weighted).***

**Name (print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CCSD ID #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2025 – 2026 Grade Level: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GPA (weighted): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Describe your favorite subject in school. What do you enjoy most about that subject?**

**What are your plans after high school graduation? If you plan to attend college, what would you like to study?**

**Why are you interested in the Mentorship Program?**

**What else would you like us to know about you?**

**Teacher completing recommendation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**How do you know this teacher? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Please understand that the completion of this form does not guarantee you a place in Campbell High School’s Mentorship program. There are a limited number of seats available. Students will be chosen based on Teacher Recommendations, grade point average, attendance, discipline record, and interests. While students will have input into placements, also understand that students will not choose their placements. Placements are made based on need during a specific block and Mentee availability.***

**Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent / Guardian Name (print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent / Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**