



**ASBOA Mentorship Program
Protégé Application Form**

Date: _____

Name: _____

Jurisdiction: _____

Why are you interested in participating in the Mentorship Program?

Do you have any prior experience in school business? (please specify)

Please provide some details about your personal interests, such as your hobbies, favourite sports team, past-times, recreational activities etc. This will help us find the best match for you in our mentorship program.

Please send a photograph – this will help your mentor to recognize you.

Please Note: Protégés should be aware that mentor and protégé relationships are based on a variety factors such as: role, geographic location and the number of interested applicants. It will take approximately one month for the pairing process to be completed.

Submit your application to:

Association of School Business Officials of Alberta
#1200, 9925 – 109 Street
Edmonton, Alberta Canada T5K 2J8
Fax: (780) 482-5659
Email: info@asboa.ab.ca