



Please complete this application and return it to CSI by November 9, 2007.

### I. PERSONAL DATA

Intern Name \_\_\_\_\_

Name of School \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

School Address \_\_\_\_\_  
City State/Province Code

Home Address \_\_\_\_\_  
City State/Province Code

Home Telephone (\_\_\_\_) \_\_\_\_\_ E mail \_\_\_\_\_

Name of Administrator who has agreed to mentor you: \_\_\_\_\_

### II. PROFESSIONAL PREPARATION

Dates	Institution and Location	Degree Received (not abbreviated)

### III. PROFESSIONAL EXPERIENCE

(Begin with Present Position)

Position	Name and Location of School or Organization	Dates

Total number of years as a teacher \_\_\_\_\_ Total number of years in present school \_\_\_\_\_

List any other professional experiences that are appropriate:

\_\_\_\_\_  
\_\_\_\_\_

#### **IV. PROFESSIONAL MEMBERSHIPS, AWARDS, AND HONORS**

List professional organizations of which you are currently a member, with the number of years of membership and offices held. Include service on professional committees, task forces, and other leadership activities. Give names and dates of special awards and honors you have received.

#### **V. CHURCH AND COMMUNITY SERVICE**

Cite membership in civic, religious, social, athletic, humanitarian, philanthropic or other organizations, and leadership roles played.

#### **VI. PERSONAL STATEMENT**

Using 250 words or less, state your reasons for your interest in Christian school administration.

### **VIII. LETTERS OF RECOMMENDATION**

Name of the persons who will be providing letters of recommendation:

Direct Supervisor: \_\_\_\_\_

Teaching Colleague: \_\_\_\_\_

### **IX. SCHOOL APPROVAL**

This application must contain the following signatures indicating administrator and board approval of your participation in this program, if selected:

School Administrator \_\_\_\_\_ Date \_\_\_\_\_

School Board Official \_\_\_\_\_ Date \_\_\_\_\_

Your signature on this application confirms that you are willing to perform the activities of the stated curriculum, and communicate regularly with the Mentor whom you have named.

Intern Signature \_\_\_\_\_ Date \_\_\_\_\_

Mail completed application by November 9, 2007 to:

Intern-Mentor Program  
Christian Schools International  
3350 East Paris Avenue SE  
Grand Rapids, MI 49512

*Thank you for your interest in the CSI Intern-Mentor Program.*