

NABJ Mentorship Program

Student Application

Name _____ Membership ID _____

School _____

Major _____ Year of Graduation _____

Permanent Address _____

Your E-mail Address (not a school e-mail) _____

Journalism Interest: On-line Print Radio Television

Specific concentration: _____

What are your professional career goals? _____

What are you expectations of a Mentor Program? _____

How would you prefer to be contacted by a mentor? E-mail Phone No preference

If gender is important to you in regard to matching you with a mentor, please indicate your preference: Male Female Either

Are there any professionals that you would like to be your mentor, provided they are members of the association? _____

Would you like a mentor for from any particular Region?

I _____
CT, ME, MA, NH, RI, VT

V _____
IL, MI, WI

IX _____
AZ, CO, ID, MT, NV, NM, ND,
UT, WY

II _____
NJ, NY, PA

VI _____
IN, KY, OH, TN, WV

X _____
AK, CA, HI, OR, WA

III _____
DE, MD, VA, DC

VII _____
AR, LA, OK, TX

IV _____
AL, FL, GA, MS, NC, SC

VIII _____
IA, KS, MN, MO, NE

What are the best times for you to meet with your mentor? Please indicate the day and time times that you prefer:

Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____ Sat _____ Sun _____

Morning _____ Afternoon _____ Evening _____

Please describe any special interests you would like to share or discuss with your mentor, for example: ethnic and cultural, social, athletic, artistic, political or philosophical

What beat, position or experience would you like your mentor to possess? _____

Have you completed an internship? Yes ___ No ___

If yes, please specify when, where and general journalism discipline

What Journalism courses have you completed so far? _____

Describe your internship experience, if any? _____

What type of employment do you plan to seek after you receive your degree? _____

Do you participate in student-run media on campus? _____ If so, what do you do?

Signature

Date