

2020-2021 Arundel Mentor Program Application

The Arundel Mentor Program is a program designed to support our 9th graders adjust to high school. Upperclassman provide mentorship and guidance to the freshmen while developing their own leadership skills. Arundel 11th and 12th graders who serve as “AMPs” will be assigned a 9th grade class on their schedule and will work with the teacher to support and mentor the students of that class academically and socially. All AMPs will earn 1 alternative credit for this class.

General Information (Please Print Clearly)

Last Name: _____

First Name: _____

Current Grade Level: _____

Email address: _____

Current GPA: _____

T-Shirt Size: _____

Please number the courses 1-5, with 1 being your top choice, that you would be able to AMP for

_____ Algebra

_____ AVID

_____ Community Citizenship

_____ English 9

_____ Environmental Science

_____ ESOL

_____ Foundations of Technology

_____ French 1 or 2

_____ Spanish 1 or 2

_____ U.S. History

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Co-Curricular/Extra-Curricular Activities

List all activities in which you have participated during high school. Include clubs, teams, musical groups, and major accomplishments.

Activity	9	10	11	12	Description

(Please use a sheet of paper to include additional activities)

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On a separate sheet of paper, answer the following questions. Students who were not an AMP for the 2017-18 school year, please answer questions in Part A. Students who are applying to be an AMP for a second year, please answer questions in Part B. After answering the questions, please feel free to share any additional information about yourself.

Part A: New Applicants

1. Why do you want to be involved with the Arundel Mentor Program and what do you hope to accomplish as a mentor?
2. Define what you consider to be a "successful" freshman year and how you would help "your" freshmen achieve that success.

Part B: Re-Applying

1. How have you had a positive impact on the freshmen this school year? Describe what you did to accomplish this.
2. What have you learned from being an AMP this year? What would you do differently if you were to be an AMP next year?

Teacher Recommendation

In the space below, write the names of 2 teachers who you will be using as a reference. Teachers are to complete the attached form and return to Mr. Bywaters by May 30, 2020.

Name of Teacher _____

Name of Teacher _____

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Parent or Guardian Signature

I have reviewed the general information regarding the Arundel Mentor Program. I am aware of the expectations and that my child must attend training at the end of the summer in order to participate in the Arundel Mentor Program. I understand that I will need to arrange transportation for my child.

_____ has my permission to be considered

for the Arundel Mentor Program

Name of Parent (Print) _____

Signature of Parent _____ Date _____

Student Signature

I have reviewed the general information regarding the Arundel Mentor Program. I am aware of the expectations and that I must attend training at the end of the summer in order to participate in the Arundel Mentor Program. I understand that I will need to arrange for my transportation at the time of training. All the information provided in the application is accurate. I understand by providing false information that participating in the Arundel Mentor Program will not be allowed.

Print Name _____

Signature of Student _____

Date _____

Place all applications in Mr. Bywaters' mailbox by May 30, 2020.

Arundel Mentor Program 2020-2021

Teacher Recommendation Form

Student Last Name: _____ First Name: _____

This recommendation completed by: _____

Please rate the student on each of the following areas of personal competence:

Please check one:

	(Please check the appropriate box)
Shows responsibility:	<input type="checkbox"/> Above Average <input type="checkbox"/> Average <input type="checkbox"/> Below Average <input type="checkbox"/> N/A
Shows initiative: Punctual:	<input type="checkbox"/> Above Average <input type="checkbox"/> Average <input type="checkbox"/> Below Average <input type="checkbox"/> N/A
Able to work with others:	<input type="checkbox"/> Above Average <input type="checkbox"/> Average <input type="checkbox"/> Below Average <input type="checkbox"/> N/A
Is motivated to achieve:	<input type="checkbox"/> Above Average <input type="checkbox"/> Average <input type="checkbox"/> Below Average <input type="checkbox"/> N/A
Has good work habits; is disciplined	<input type="checkbox"/> Above Average <input type="checkbox"/> Average <input type="checkbox"/> Below Average <input type="checkbox"/> N/A
Shows age appropriate maturity:	<input type="checkbox"/> Above Average <input type="checkbox"/> Average <input type="checkbox"/> Below Average <input type="checkbox"/> N/A
Displays good decision-making skills	<input type="checkbox"/> Above Average <input type="checkbox"/> Average <input type="checkbox"/> Below Average <input type="checkbox"/> N/A
Accepts constructive feedback:	<input type="checkbox"/> Above Average <input type="checkbox"/> Average <input type="checkbox"/> Below Average <input type="checkbox"/> N/A
Demonstrates Wildcat P.R.I.D.E.	<input type="checkbox"/> Above Average <input type="checkbox"/> Average <input type="checkbox"/> Below Average <input type="checkbox"/> N/A

Please check one:

Highly recommend Recommend Recommend with reservation Do not recommend

Teacher's Statement

Special consideration should be given to this student
because:

Signature _____

Date _____

PLEASE RETURN DIRECTLY TO
MR. BYWATERS BY MAY 30, 2020

**Arundel Mentor Program 2020-2021
Teacher Recommendation Form**

Student Last Name: _____ First Name: _____

This recommendation completed by: _____

Please rate the student on each of the following areas of personal competence:

(Please check the appropriate box)

	(Please check the appropriate box)
Shows responsibility:	<input type="checkbox"/> Above Average <input type="checkbox"/> Average <input type="checkbox"/> Below Average <input type="checkbox"/> N/A
Shows initiative:	<input type="checkbox"/> Above Average <input type="checkbox"/> Average <input type="checkbox"/> Below Average <input type="checkbox"/> N/A
Punctual:	<input type="checkbox"/> Above Average <input type="checkbox"/> Average <input type="checkbox"/> Below Average <input type="checkbox"/> N/A
Able to work with others:	<input type="checkbox"/> Above Average <input type="checkbox"/> Average <input type="checkbox"/> Below Average <input type="checkbox"/> N/A
Is motivated to achieve:	<input type="checkbox"/> Above Average <input type="checkbox"/> Average <input type="checkbox"/> Below Average <input type="checkbox"/> N/A
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Demonstrates Wildcat P.R.I.D.E.	<input type="checkbox"/> Above Average <input type="checkbox"/> Average <input type="checkbox"/> Below Average <input type="checkbox"/> N/A

Please check one:

Highly recommend Recommend Recommend with reservation Do not recommend

Teacher's Statement

Special consideration should be given to this student
because:

Signature _____

Date _____

PLEASE RETURN DIRECTLY TO MR. BYWATERS BY MAY 30, 2020