



REQUEST FOR MENTORSHIP FUNDS

Name of Mentee: _____ School: _____

Name of Mentor: _____ School: _____

Date of Activity: _____ Location: _____

Are you:

_____ In your first 5 years of teaching

_____ In the first 2 years of a significantly different assignment

_____ Other (*please explain*) _____

Activity Requested:

1. Collaboration with Mentor/Mentee (*two people released*): half day _____ full day _____ \$ _____

2. Observation of Mentor/Mentee (*one person released*): half day _____ full day _____ \$ _____

3. Weekend Collaboration: 1/2 day paid _____ Saturday **or** _____ Sunday \$ _____

4. Attendance at the BCTF New Teachers' Conference: Registration fee _____ TTOC _____ \$ _____

5. Other (*please specify*): _____ \$ _____

Please note:

-The daily cost of a TTOC is \$464.49

-All applications must be sent to the CTA Office at least 10 days prior to the activity.

-Please wait for confirmation that your activity has been approved before booking a TTOC.

Applicant(s) Signature(s)

For Office Use Only

President/Vice President Signature for approval: _____

Dated: _____