



**COMMUNITY RESOURCES, INC.**

1651 S Dahlia St • Denver, Colorado 80222  
720-423-1222  
www.communityresourcesinc.org

## Academic Mentors Project – Student Nomination Form

Part 1 – to be completed by teacher:

STUDENT'S NAME \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_  
SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_  
SCHOOL ADDRESS \_\_\_\_\_  
SCHOOL PHONE NUMBER \_\_\_\_\_ PRINCIPAL \_\_\_\_\_

PARENT/GUARDIAN #1 \_\_\_\_\_ PARENT/GUARDIAN #2 \_\_\_\_\_  
ADDRESS *ST.* \_\_\_\_\_ *ZIP* \_\_\_\_\_ ADDRESS *ST.* \_\_\_\_\_ *ZIP* \_\_\_\_\_  
EMAIL \_\_\_\_\_ EMAIL \_\_\_\_\_  
PHONE (DAY) \_\_\_\_\_ PHONE (DAY) \_\_\_\_\_  
PHONE (EVENING) \_\_\_\_\_ PHONE (EVENING) \_\_\_\_\_  
STUDENT EMAIL & PHONE \_\_\_\_\_

**Nomination Data**

1. Special Interests

The student has demonstrated an interest and is motivated to learn more about this specific field or career: \_\_\_\_\_ *Please narrow to a specific interest such as Egyptology or architecture rather than the broader field of science, math, or history.*

2. Student Profile

Please describe briefly this student's academic performance, learning style, ability to relate to adults, and follow-through on projects and assignments:

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

Is this student mature, motivated, and able to work independently with little supervision?

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

What would you like for the student to gain from this mentorship experience?

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

3. Gifted and Talented Designation

Has the student been identified as G/T through the DPS evaluation process?  YES  NO

If not, is the student in your talent pool?  YES  NO Area/date identified \_\_\_\_\_

NOMINATING PERSON \_\_\_\_\_ TITLE/POSITION \_\_\_\_\_

DAYS YOU WORK AT STUDENT'S SCHOOL \_\_\_\_\_

EMAIL \_\_\_\_\_ PHONE \_\_\_\_\_

CLASSROOM TEACHER (if nominated by someone else) \_\_\_\_\_



Part 2 – to be completed by student in ink:

Dear Student:

Congratulations! You have been nominated for the Academic Mentors Project. This program matches selected students with an adult volunteer. The purpose of this match, or mentorship, is to allow you to spend some time with an expert in a field or career in which you are interested.

Page 3 of this nomination asks you some questions that will help identify a mentor who will best serve your interests. Please take some time to consider and respond to each question.

Once your completed nomination form has been submitted to Community Resources, Inc., your parent(s)/guardian(s) will be called for an interview and to discuss the program in more detail. In the meantime, if you have any questions, please feel free to contact the Project Manager, Laura Kent, at 720-423-1222.

**As a participant in the Academic Mentors Project, you are required to make the following commitments. Please read carefully, sign, and return with your nomination.**

- I understand that mentors have busy schedules and volunteer their time to work with students, so I will always try to meet with my mentor at the scheduled times.
- I realize that my parent(s)/guardian(s) are responsible for transporting me to meet with my mentor unless the meetings are held at my school. I may drive myself if applicable.
- If I am unable to meet with my mentor, I will call as far in advance as possible to let my mentor or the project manager know I will not be meeting. I will reschedule any missed meetings.
- I realize that mentors like to get feedback from students. I will try to let them know about my interests and how I am feeling by asking questions and listening well.
- I will work with my mentor to accomplish a project which demonstrates some aspect of what I learned during the mentorship and will present this project to my classmates upon completion of the program.
- At the end of the mentorship, I will complete the evaluation form and return it to the project manager and write a thank-you note or letter to my mentor.

STUDENT'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Part 3 – to be completed by student in ink:

STUDENT'S NAME \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

1. In what subject area would you like to work with a mentor?

\_\_\_\_\_

2. Why are you interested in this field?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. What activities have you undertaken to explore this interest?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. What would you like to learn from a mentor?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. List three questions you would ask a mentor about this area of interest:

1) \_\_\_\_\_

\_\_\_\_\_

2) \_\_\_\_\_

\_\_\_\_\_

3) \_\_\_\_\_

\_\_\_\_\_

Part 4 – to be completed by student in ink:

**Please mark the most accurate response to the following statements:**

	<b>YES</b>	<b>NO</b>	<b>SOMETIMES</b>
I effectively prioritize tasks.			
I wait until the last minute to finish a project.			
I push myself to learn about things.			
I ask quality questions.			
I can take feedback from others.			
I ask for help when I need it.			
I enjoy feeling challenged.			
I can tolerate structured guidance from others.			
I feel comfortable talking with adults.			
I stay on top of tasks without being nagged by my parent(s)/guardian(s).			
I have good communication skills.			
I can work independently on a computer.			

Part 5 – to completed by parent(s)/guardian(s):

Dear Parent(s)/Guardian(s):

Your student is receiving a nomination to participate in the Academic Mentors Project. This program matches students with adult volunteers to expose them to a field or career in which they have expressed interest. Students selected for the program will spend approximately 6 hours total with their mentor, learning hands-on, one-on-one with an expert in their field.

This page of the nomination form outlines your responsibilities as this student's parent or guardian to ensure that the experience is positive and successful for both your student and the volunteer mentor.

Please read carefully and return this page to your student's teacher so the nomination may be submitted to Community Resources, Inc. If you have any questions, please contact the Academic Mentors Project Manager, Laura Kent, at 720-423-1222.

**As a parent or guardian of the student nominee to the Academic Mentors Project, it is important to make the following commitment. Please read carefully, sign, and return to your student's teacher so the student and parent nomination forms may be submitted together.**

- I will ensure my child is aware of all of their responsibilities to succeed in the Academic Mentors Project.
- I will provide transportation for my student to and from the agreed meeting place. Students may drive themselves if applicable.
- I will return phone calls from the mentor and Community Resources, Inc.
- I will notify the mentor as soon as possible if my student must re-schedule a meeting.
- I will contact Laura Kent, project manager for the Academic Mentors Project, with questions or concerns about the program and my student's experience.
- I will return the brief evaluation form to Community Resources, Inc. at the end of the mentorship and have my student write their mentor a thank-you note.

STUDENT'S NAME \_\_\_\_\_

SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_

PARENT'S/GUARDIAN'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

I would like program correspondence sent  BY POST  BY EMAIL.

I give Community Resources, Inc. permission to use a photo of my student in communication materials. Photos will be identified only by grade level and school.  YES  NO

I grant permission for my student to communicate through phone, email, and/or text with their mentor during appropriate hours.  YES  NO