

# Vancouver Catholic Schools Teachers' Association

## Teacher Mentorship Program Release Time Funds Application

Please complete this form in full and return it with verification of day taken and cost to your school to the VCSTA Executive c/o The Treasurer. **Applicants may apply for only 1 (one) teacher release day per school year for each participating teacher (mentor and protégé). The principal must first approve that this release time has been granted by signing below and indicating the cost to the school.** Both mentor and protégé must fill out a separate form.

LAST NAME:	FIRST NAME AND INITIAL	DATE OF APPLICATION:	YEARS IN C.I.S.V.A.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
POSITION:	EMAIL:	HOME TELEPHONE:	WORK TELEPHONE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
NAME OF SCHOOL:	NAME OF MY MENTOR/PROTÉGÉ (please circle which one applies):		
<input type="text"/>	<input type="text"/>		

**Briefly describe how and when the mentor and protégé will spend the release time:**

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I hereby verify that this release time has been granted.

<b>Principal's Signature:</b>	<input type="text"/>	<b>Date:</b>	<input type="text"/>
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**FUNDS USED:**

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***Principal's comments: (As this is the first year of the Teacher Mentorship Program we would appreciate any comments you might have.)***
