



**Mentee Application
Form**

Committee Use Only

Assigned Mentor: _____
Effective Dates: _____

Name of Mentee Applicant _____

Employer _____ Position _____

Telephone Fax E-mail Address

Is there a particular SCAGPO member you desire to have as a mentor?

What type of Mentor/Mentee relationship do you desire?

____ Very Interactive ____ Somewhat Interactive ____ Scheduled Meetings Only

Please describe what you hope to gain by participating in a mentoring relationship?

In the space below, please provide additional information on your ideal Mentor including geographic region, desired technical skills, experience, etc.

Form may be returned to the Mentoring Chairperson by e-mail: mentor@scagpo.org or by using the contact information on SCAGPO's website: www.scagpo.org.



SCAGPO
South Carolina
Association of Governmental Purchasing Officials



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