



# Mentoring Program 2019 Application

The Women in Business Council Mentoring Program was created to assist with the development of mentor-mentee relationships to serve as a means of career development for women in business. The program will be comprised of an orientation, a meet and greet, quarterly peer mentoring groups and a graduation event.

### Eligibility Requirements:

Nominations are accepted for women who are in the early stages of their career. The program pairs a small group of mentees and mentors. The program will run for nine months beginning early 2019. Nominees must live or work in Clayton County. Consideration will also be given to Clayton County Chamber of Commerce members in good standing. The Women in Business Mentoring Committee reviews and selects the class participants. A mini-interview session is required of the finalists for the program. *Interview dates and times will be announced at a later date.*

**Program Fee:** \$300.00

Fees are due upon acceptance to the program. Partial Scholarships are available.

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### I. BASIC INFORMATION *(Please type- form is available on our website [www.claytonchamber.org](http://www.claytonchamber.org))*

Name: \_\_\_\_\_  
Last First MI

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Number & Street

City State Zip DOB: \_\_\_\_\_

### II. EMPLOYMENT

Present Employer: \_\_\_\_\_ Work Number: \_\_\_\_\_

Employer Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Business/Organization (if different than Present Employer): \_\_\_\_\_

Address: \_\_\_\_\_

Work Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Type of Business: \_\_\_\_\_

In Business Since: Month \_\_\_\_\_ Year \_\_\_\_\_ Number of Employees: \_\_\_\_\_

Present Title or Position: \_\_\_\_\_

**What are your primary job functions? Include key job responsibilities and skills:**

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**III. PROGRAM QUESTIONS**

**On a scale of 0 to 4, with 0 being low and 4 being high, circle how you would rate your confidence level in managing all the aspects of your business and the challenges you're facing:**

**Zero (low)**

**One**

**Two**

**Three**

**Four (high)**

**1. Please provide a description of your business or career:**

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**2. Explain your main business challenges:**

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**3. Please provide three objectives for your business (or professional development), that you hope to achieve by participating in Mentoring Program:**

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**4. What are your areas of weakness that if addressed could improve your business or profession?**

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**5. What are your long-term career goals?**

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**6. What do you think will be your greatest benefit from participating in the Mentoring Program?**

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**7. From what background are you transitioning into self-employment?**

- Unemployment
- Stay-at-home mom
- Retirement
- Other \_\_\_\_\_

**8. Please describe your ideal mentor:**

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**9. How did you hear about the Women in Business Mentoring Program?**

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**BUSINESS/PROFESSIONAL AFFILIATIONS, AWARDS, HONORS** (including civic organization/activities)

Name of Organization	Positions held, Assignments or Awards	Period of Service
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**IV. REFERENCES**

Name	Company	Telephone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

**VI. SCHOLARSHIPS**

Would you like to be considered for a scholarship?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

We have limited need based tuition scholarships that are available, covering up to 50% of the program tuition. If you are interested in applying for a scholarship, include a one page typed explanation describing why you deserve a scholarship. Please attach your request with your application. Please be aware that all scholarship recipients are obligated to complete and graduate from the Women in Business Mentoring Program. If recipient fails to complete the requirements necessary to graduate, they will be responsible for paying for the scholarship awarded.

**VII. COMMITMENT**

Are you available to commit the time required to participate in the Mentoring Program? Yes/No  
The program is designed as a 9-month program with Peer Mentoring Group meetings and a suggested 2-hour individual mentoring commitment per month:

**2019 Program Dates and Activities:**

- Mandatory Orientation: March 13, 2019 (Chamber)
- Meet & Greet: March 20, 2019 (4p – 5p – Location TBD)
- 1st Quarterly Session April 17, 2019 (All Sessions 2:30 – 4:30pm, Location TBD)
- 2nd Quarterly Session June 19, 2019
- 3rd Quarterly Session August 21, 2019
- 4th Quarterly Session October 23, 2019
- Meet and Greet Dates: March 20, 2019
- Chat and Chew Dates: May 1, 2019, July 17, 2019
- Graduation 4:00-7:00 pm November 13, 2019 (4p-7p)

**If selected, do your employment and family obligations allow you to commit to full participation in the Women in Business Program?**

\_\_\_\_\_ **YES**                  \_\_\_\_\_ **NO**

**Tuition is \$300.00 and is due upon acceptance. Full payment must be received prior to the orientation event in March. Tuition is non-refundable.**

**I understand the purpose and expectations of the Women in Business Mentoring Program. If selected, I will commit the necessary time and resources to complete and fulfill the requirements of the program. In signing this application, I understand and accept these commitments and agree to honor them.**

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Employer's Signature**

\_\_\_\_\_  
**Date**

## **Application Deadline – February 15, 2019**

**Email, fax or mail your completed application to:  
Clayton County Chamber of Commerce  
Attn: Monica Colbert  
2270 Mt. Zion Road, Jonesboro, GA 30236  
(678) 610-4021 Phone • (678) 610-4025 Fax  
info@claytonchamber.org  
www.claytonchamber.org**