Thank you for your interest in the NATA Foundation Faculty Mentor Program! The completed application and a copy of your CV should be sent to [kathrynl@nata.org](mailto:kathrynl@nata.org) no later than March 15th.

**PERSONAL INFORMATION-Mentee**

**Name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Credentials:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NATA District: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NATA Member Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
College/University: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Current Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number of years in current position: \_\_\_\_\_\_\_\_\_**

**Are you currently employed as a faculty member in higher education? YES NO**

**Are you currently an assistant professor?  YES  NO**

**Have served as a faculty member for no more than 6 years? YES  NO**

**Do you meet the eligibility requirements for the FMP mentee? YES  NO**

**ADDITIONAL BACKGROUND INFORMATION**

The following personal demographic questions are optional but may assist with pairing your mentor/mentee.

**What is your current age? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Gender?**

Woman Man  Non-binary/gender nonconforming/third gender Prefer to self-describe Prefer not to say

**How long have you been certified as an athletic trainer? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**What is your ethnicity?**

Black/African American

Asian.

White/Caucasian

Hispanic, Latino/a/x, or of Spanish Origin

Unknown/Prefer not to answer

American Indian/Alaskan Native

Multi-Ethnic/Multi-Racial

Middle Eastern/Northern African

Native Hawaiian/Pacific Islander

**What is your current employment setting? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**List any personal characteristics and interests (e.g. family, hobbies, etc).**

**PROFESSIONAL BACKGROUND INFORMATION**

**Please describe your interest in the mentor program (e.g. research, teaching, networking):**

**Please describe your research area(s) of expertise and 3-5 current projects you are working on:**

**Please describe your reasons for participation and needs/goals:**

**Please identify (if known) a current athletic training faculty member(s) who may be a good mentor for you, given your interests. Please provide contact information (institution, email, phone number) if available.**

**PROGRAM EXPECTATIONS**

**Requested level of involvement with mentor (check all that apply):**

Advice (phone calls/email)

Grant review or assistance (confidential review)

Manuscript review or assistance (confidential review)

Technical assistance

Visiting mentor at his/her facility for learning opportunities, etc.

Research or other Fellowship

Active collaboration on a project or grant (co-investigator)

Teaching and Advising

Other

Please elaborate:

**Mentor background (check all that apply, and please elaborate below on any boxes checked):** \**we will try our best, to meet these expectations, but cannot guarantee it.*

Gender

Life experiences (family, etc.)

Race/Ethnicity

Employment setting (i.e R1, liberal arts college, etc.)

Other

Please elaborate:

**OTHER**

**To help us identify, an appropriate mentor, please provide us with any additional information regarding your application and needs for the program, including the type of mentor you are looking for:**

**Questions:** Please contact the program Chair:

Dr. Stephanie M. Singe at [Stephanie.m.singe@uconn.edu](mailto:Stephanie.m.singe@uconn.edu)