# MEP Teachers of Tomorrow Student Application

**Minnesota Educators Partnership**

MEP Districts include Faribault, Le Sueur-Henderson, Mankato, Owatonna, Tri-City United, and Waseca

*Rolling Application – Apply today!*

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The name, email, and photo associated with your Google account will be recorded when you upload files and submit this form

Any files that are uploaded will be shared outside of the organization they belong to.

\* Indicates required question

Email *

☐ Record ▨▨▨▨▨▨▨▨▨ as the email to be included with my response

Name *

Your answer

Address *

Your answer

Email Address (that you check regularly) *

Your answer

Phone Number *

Your answer

Date of Birth *

Date

mm/dd/yyyy

☐ I am Black, Indigenous, or a Person of Color – includes anyone who identifies as Black, Native American, Native Hawaiian, Alaskan Native, Desi, Asian, Pacific Islander, Chicanx or Latine.

Current High School *

Your answer

## Current Grade Level *

Your answer

## Cumulative GPA *

Your answer

## Upload a transcript. *

Upload up to 5 supported files. Max 10 MB per file.

⬆ **Add file**

## Extracurriculars *

Your answer

## Work/Employment *

Your answer

## Volunteer Activities *

Your answer

**Why are you interested in the MEP Teachers of Tomorrow program and becoming a future educator?** (*200-300 words or 2-3 minute video*).  If you choose to apply via video, please upload the video into Google Drive and then paste a link to it here (be sure to change the settings so all with a link can view).  *

Your answer

**Do you speak any languages in addition to English? If yes, which one(s)?** (ASL is considered an additional language.) If more than one, please indicate all of them.  *

Your answer

**If you indicated "yes" above,** please indicate your confidence level in each of the following areas for your most proficient additional language:

|  | Conversational | Proficient | Fluent |
|---|---|---|---|
| Speaking | ○ | ○ | ○ |
| Reading | ○ | ○ | ○ |
| Writing | ○ | ○ | ○ |
| Listening | ○ | ○ | ○ |

**References:** Please provide 2 references. These should not be family members. Name and Contact Information of Teachers, School Staff Members, or Community Members (where you work or volunteer) who can provide a reference

Reference #1:                        *
Name
Email
Phone Number
How do you know this person?

Your answer

Reference #2:                        *
Name
Email
Phone Number
How do you know this person?

Your answer

**Student Confirmation** *

☐ By selecting this box, you acknowledge that the information provided in this application is accurate and complete to the best of your knowledge.

**Parent/Guardian** *

☐ We/I have reviewed this application.

Parent/Guardian Name and Contact Information (**Phone Number** & **Email Address** & **Mailing Address**)                        *

Your answer

**Submit**                                                                                    Clear form

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