

“*Jet Ahead*, Women Mentoring Women” School Participation Application

Name of the School \_\_\_\_\_

Current Address \_\_\_\_\_

Contact Name for the School \_\_\_\_\_

Phone (Work) \_\_\_\_\_

Email \_\_\_\_\_

How would you like the women A&P mentoring program to assist your school.

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Please note that at the end of the school year, *Jet Ahead* will ask you to fill out a questionnaire to help us fine tune our program to benefit everyone involved. Any question please contact us.

Thank your

Raylene B. Alexander

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