

# McLennan Community College



## Alternative Teacher Certification Program

I, \_\_\_\_\_ have viewed the School Mentor PowerPoint  
(Name)

Presentation. I understand my role and responsibilities as a School Mentor. I agree to abide by the policies set forth by the Alternative Teacher Certification Program. I will receive a payment stipend of \$250 per semester for my role as School Mentor. Payment of this stipend is contingent upon the completion of each area of School Mentor documentation in the *Intern Handbook* and the return of the completed W-9 and School Mentor forms.

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*School Mentor Signature*

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*Date*

Please return this form by mail to:

Alternative Teacher Certification  
McLennan Community College  
1400 College Drive  
Waco, Texas

Or

Fax to; 254.299.8127