

The Legacy Project of Stark SCHOOL APPLICATION PROCESS

Applicants requesting The Legacy Project of Stark to provide mentoring services in your school will be accepted between January 1st and February 28th of each year for the following school year. Your application is valid for one school year.

In order for your application to be considered, the following items are required by The Legacy Project of Stark:

- Lunch meeting times must be a minimum of 40 minutes.
- Lunch meeting locations must be designated and separate from the cafeteria. One meeting location is required for each group; girls and boys must meet in separate locations.
- Meeting days will take place a maximum of three days per week in each school, which will be determined by a Legacy Project of Stark representative based on the number of groups.
- Willingness to share events, student involvement, success stories, etc. quarterly on your school's website or school social media.
- Availability to meet with a representative of The Legacy Project of Stark in the month of March to discuss our contract and again in the month of August to ensure requirements are met.
- Your application must be signed and submitted by the school principal.

If your school can meet these eligibility requirements, please complete the application. Once we receive your application, a representative from The Legacy Project of Stark will follow up within one week to schedule a meeting to review the above-mentioned eligibility requirements and the contractual requirements of our program.



Every student needs
a mentor.

The Legacy Project of Stark SCHOOL APPLICATION

School Name: _____ Grade Levels: 4 5 6 7 8

School Mailing Address: _____

Principal Name: _____

Job Title: _____

Email: _____ Phone: _____

1. How did you hear about us? _____

2. Does your school currently work with or host any other mentoring programs during the school day? Yes No

3. If yes, please list the mentoring programs that are offered at your school: _____

4. Are you willing to have a representative from The Legacy Project of Stark serve on your school's Care Team? Yes No

5. If yes, where and when does your CARE team meet? _____

6. Who is your point of contact to help with program simulation and concerns? _____

7. How would you like this person to be contacted? _____

8. Are you willing to disclose specific statistics (attendance records, behavioral reports, good stories, etc.) to The Legacy Project of Stark for the purpose of grant writing? Yes No



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9. How will the students be chosen for our program? _____

10. Is there a day of the week that you would prefer for The Legacy Project of Stark to come to your school? If so what day(s)? _____

11. Is there a specific meeting location that can be utilized for mentoring groups, outside of the cafeteria? Yes No

12. We will provide extensively trained and background-checked mentors. Is there any other training your school requires prior to meeting with students? Yes No

I certify that the information I have provided is correct to the best of my knowledge.

Signature: _____ Date _____

Printed Name/Title: _____

Please return this application to Eugene Lingenhoel at elingelhoel@gmail.com or mail to:

The Legacy Project of Stark, PO Box 36747, Canton, OH 44735-6747

Office Use Only

Date Application Received: _____

Approval Date: _____

Date School Notified: _____

Person Notified: _____

Comments: