IMPACT K12 PROGRAM

Co-Mentor Statement

Limit response to what fits in the space below (Arial 11 Font)

Co-Mentor Name:				
Please indicate the resourc amount of space, number a the scholar (this has an imp	and kind of staff, clinical	and lab resources, and		
I have read and understand	I the expectations of me	entors for this program.	, and agree to be the Co	o-Mentor for
the candidate named above	in the event he or she	is selected.	,	
Signature:	Date:			