



**Protégé Application Form**

**Personal Information:**

|  |  |                          |      |
|--|--|--------------------------|------|
| Name:  |  | Date:                    |      |
| Home Address:  |  |                          |      |
| City:  |  | State:                   | Zip: |
| Preferred Phone:   |  | Preferred Email Address: |      |
| Are you a current member of the AMA?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |  |                          |      |

**Career Information:**

|  |  |        |      |
|--|--|--------|------|
| Employer:  |  | Title: |      |
| Address:   |  |        |      |
| City:  |  | State: | Zip: |
| Total Years of <i>Marketing</i> Professional Experience:<br><input type="checkbox"/> 1-2 years <input type="checkbox"/> 3-5 years <input type="checkbox"/> 6-7 years   |  |        |      |
| Highest Level of Education Completed:<br><input type="checkbox"/> High School <input type="checkbox"/> Associates Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Graduate Degree |  |        |      |

**Protégé Questionnaire:**

Why do you want to participate in the DFW AMA Mentorship Program? What do you hope to gain from having a DFW AMA Mentor?



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List at least eight topics/objectives you want to cover with your DFW AMA Mentor. Protégés are responsible for monthly meeting topics/objectives.

Describe your marketing career objectives.

List awards or special recognition you have received. Describe hobbies and community involvement.

Are you able to commit to meeting at least once a month with your Mentor at a location that is convenient for your Mentor throughout the year? Are there any reasons why you may not be able to meet this requirement?



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**Program Preferences:**

|  |
|--|
| <p>Periodically, the Mentor Program will meet as a group. Which locations are most convenient for you?<br/>You may select more than one option.</p> <p><input type="checkbox"/> Downtown Dallas <input type="checkbox"/> North Dallas <input type="checkbox"/> Plano/Frisco <input type="checkbox"/> Irving / Las Colinas <input type="checkbox"/> Other</p> |
| <p>Periodically, the Mentor Program will meet as a group. What time of day is most convenient for you?<br/>You may select more than one option.</p> <p><input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> After work</p>   |

**Mentor Preferences: (Characteristics you prefer your Mentor possess)**

|   |
|---|
| <p>Gender Preference:</p> <p><input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> No Preference</p>   |
| <p>Marketing Discipline:</p> <p><input type="checkbox"/> Brand Management <input type="checkbox"/> Research <input type="checkbox"/> PR/Communications <input type="checkbox"/> Marketing Technology<br/> <input type="checkbox"/> Creative Design/Advertising <input type="checkbox"/> Other _____</p>   |
| <p>Industry Vertical:</p> <p><input type="checkbox"/> CPG <input type="checkbox"/> Retail <input type="checkbox"/> Telecom <input type="checkbox"/> High Technology<br/> <input type="checkbox"/> Healthcare <input type="checkbox"/> Finance/Insurance <input type="checkbox"/> Non-Profit <input type="checkbox"/> Travel &amp; Hospitality<br/> <input type="checkbox"/> Media/Entertainment <input type="checkbox"/> Energy <input type="checkbox"/> No Preference <input type="checkbox"/> Other _____</p> |
| <p>Do you prefer to be matched with a Mentor that is closer to your home, work, or either?</p>  |
| <p>List other preferred characteristics:</p>  |

**Protégé References:**

|       |                      |        |
|-------|----------------------|--------|
| Name: | Relationship to you: | Email: |
|       |                      |        |
| Name: | Relationship to you: | Email: |
|       |                      |        |

PLEASE RETURN THIS COMPLETED FORM TO [mentorprogram@amadfw.com](mailto:mentorprogram@amadfw.com).