



MCRA Mentor Program – Student Application

Thank you for choosing to participate in our Mentor Program. Please fill out the form below and send to MCRA at *info@mscra.com*. We will contact you shortly.

Contact Information:

Last Name: _____

First Name: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

Permission to share your email address with other students in MCRA program? YES _____ NO _____

Preference of contact: Email _____ Text _____ Call _____

Student Information:

School Attend: _____

Speed of Last Test: _____ Date of Last Speed Test: _____

Circle Method(s) Learning: MACHINE or MASK

Why Choose Court Reporting:

Select 1st choice for a Mentor (if applicable): _____

Select 2nd choice for a Mentor (if applicable): _____

**You may name your first and/or second choice for a Mentor to begin the MCRA Mentor Program; however, Mentors and Students will be rotated to give the Student ample opportunity in networking and to see the differences in experience each Mentor has to offer the Student.*

Any Other Comments:

NEVER GIVE UP!