

2025 NEA BLENDED LEARNING COHORT %

Deadline: May 12, 2025

Form your Team

- Teams must include a state Association staff person and ESP association members, leaders, and committee
 members.
- Teams can also include school district/university representatives, and community partners.
- All team members eligible to be NEA members must be NEA members.
- We encourage partners and potential partners, such as school district/university representatives, to join the team.

Teams should consist of individuals who can offer the unique knowledge, skills, experiences, or resources needed to develop and establish an ESP peer mentoring program. They should be positioned to advance the project and sustain the program's goals once launched. We encourage careful, intentional consideration when building your team. Attention should be given to establishing a team that reflects diversity in ethnicity, gender, age, career, roles, responsibilities, and viewpoints. Please be intentional about including those typically underrepresented.

- Teams should have 3-5 members: No fewer than three and no more than 5.
- NEA will fully fund four team members to attend the in-person workshop. An additional team member may attend
 the in-person workshop but will not be funded by NEA.

Apply as a Team

The state Association staff person should apply on behalf of your team, with just one submission per team. Selected teams will be notified on June 16, 2025.

Questions? Contact ESPMentoring@nea.org and visit nea.org/espmentoringworkshop

nequireu

STATE ASSOCIATION STAFF PERSON

The State Association Staff Person must complete this application and also must attend the in-person training.

1. First Name *
2. Last Name *
3. Are you a State Association or Local Association staff person? *
State Association
Local Association
Other

4. State Association Please note that New York is not available in this list. New York NYSUT teams should notapply for the 2025 NEA Blended Learning Cohort. NYSUT will convene its blended learning cohort in 2026, and applications will be accepted in 2025. * Alabama Alaska O Arizona Arkansas California Colorado Delaware FEDERAL EDUCATION ASSOCIATION ○ Florida Georgia Oldaho Illinois Indiana Olowa Kansas Kentucky OLouisiana ○ Maine Maryland Massachusetts Michigan Minnesota Mississippi Missouri Montana O Nebraska Nevada New Hampshire New Jersey O New Mexico North Carolina North Dakota Ohio Oklahoma Oregon

Pennsylvania

Rhode Island

	South Carolina
	O South Dakota
	Tennessee
	○ Texas
	○ Utah
	Vermont
	○ Virginia
	Washington
	West Virginia
	Wisconsin
	Wyoming
5.	Local Association
	(if not applicable, please enter N/A)
	Please do not abbreviate. *
6.	Are your team members from the same Local Association? *
	Yes
	○ No
7.	Position/Title
	Please do not abbreviate *
8.	How many members are on your team? *
	4
9.	Primary email address *
10.	Cell phone number *

11. Please select your gender identity. *		
Man		
Woman		
Non-Binary		
Agender		
○ Two-Spirit		
Gender Fluid		
Gender Queer		
○ Intersex		
O Not Listed		
Prefer not to say		
12. What is your race/ethnicity? *		
Asian and Pacific Islander		
Native American/Alaska Native		
Latin(o/a/x), Hispanic, and Chican(o/a/x)		
Black or African American		
Multiracial		
MENA (Middle East and North Africa)		
○ White		
Other		
Prefer not to say		
13. Do you currently have an ESP peer mentoring program in your local, district, college/university, or state association? If so, please describe IN DETAIL. *		
14. Why is this team applying for the blended learning cohort? What are the goals of your team?		
Please share IN DETAIL. *		
15. What are your association goals around ESP peer mentoring? Please share IN DETAIL. *		
16. What are the employer (school district/college or university) goals around ESP peer mentoring? Please share IN DETAIL. *		

17.	How was your team chosen? Provide specific and detailed information on how each team member was chosen and what unique knowledge, skills, experiences, or resources each member brings to your team. What are the roles and expectations of each team member? *
18.	If you are applying as a local association team, how many ESP members are represented in your local association? If you are applying as a state team, how many ESP members are represented in your state association? *
19.	Which ESP career families does your Association represent? The Association referenced is the association your team is based on. *
	Clerical and Administrative Services
	Custodial and Maintenance Services
	Food Services
	Health and Student Services
	Paraeducators
	Security Services
	Skilled Trades
	Technical Services
	Transportation Services
20.	Do you currently have partners? If so, please share and describe the scope of your partnership. For example, has your district or college/university agreed to sponsor the program? If you do not currently have partners, do you have potential partners? If so, please identify them below and describe your relationship. *
21.	Why should your team be chosen to participate in this blended learning cohort? *
22.	Please share any other additional information you would like to share here.
23.	If you are a local Association team, does the local Association president know you are applying? *
	○ Yes
	○ No
	Not Applicable
	Out

24.	If you are a local Association team, please enter the full name of the local Association president.
	If you are a local Association team, Please enter the primary email address of the local Association president.
26.	How did you learn about this blended learning cohort? *

27.	Team Member # 2: First name *
28.	Team Member # 2: Last name *
29.	Primary email address *
30.	Which category best represents them? *
	Education Support Professional (ESP)
	Active Professional
	Affiliate Staff
	School or College Administrator
	Other
31.	Which career family best describes the work they do most of the time? *
	○ NOT ESP
	Clerical and Administrative Services
	Custodial and Maintenance Services
	Food Services
	Health and Student Services
	Paraeducators
	Security Services
	Skilled Trades
	Technical Services
	Transportation Services
32.	Their current position/career title (please do not abbreviate) *

33.	Plea	se select their gender identity. *
	\bigcirc	Man
	\bigcirc	Woman
	\bigcirc	Non-Binary
	\bigcirc	Agender
	\bigcirc	Two-Spirit
	\bigcirc	Gender Fluid
	\bigcirc	Gender Queer
	\bigcirc	Intersex
	\bigcirc	Not Listed
	\bigcirc	Prefer not to say
34.	Wha	at is their race/ethnicity? *
	\bigcirc	Asian and Pacific Islander
	\bigcirc	Native American/Alaska Native
	\bigcirc	Latin(o/a/x), Hispanic, and Chican(o/a/x)
	\bigcirc	Black or African American
	\bigcirc	Multiracial
	\bigcirc	MENA (Middle East and North Africa)
	\bigcirc	White
	\bigcirc	Other
	\bigcirc	Prefer not to say
35.	Thei	ir career experience level. *
	\bigcirc	Early Career (0-5 years)
	\bigcirc	Mid Career (6-10 years)
	\bigcirc	Veteran (11+ years)
36.	In w	rhich level of education do they work? *
	\bigcirc	Pre-K-12
	\bigcirc	Higher education
	\bigcirc	Not applicable
37.		they hold any governance positions, such as local union president? If so, please provide r title.
	uiei	тине.

38.	Team Member # 3: First name *
39.	Team Member # 3: Last name *
40.	Primary email address *
41.	Which category best represents them? *
	Control Education Support Professional (ESP)
	Active Professional
	Affiliate Staff
	School or College Administrator
	Other
42.	Which career family best describes the work they do most of the time? *
	O NOT ESP
	Clerical and Administrative Services
	Custodial and Maintenance Services
	C Food Services
	Health and Student Services
	Paraeducators
	Security Services
	Skilled Trades
	Carried Services
	Transportation Services
43.	Their current position/career title (please do not abbreviate) *

44. Please select their gender identity. *			
(\subset	Man	
(\subset	Woman	
(\subset	Non-Binary	
(\subset	Agender	
(\subset	Two-Spirit	
(\subset	Gender Fluid	
(\subset	Gender Queer	
(\subset	Intersex	
(\subset	Not Listed	
(\subset	Prefer not to say	
45. V	Vha	it is their race/ethnicity? *	
(\subset	Asian and Pacific Islander	
(\subset	Native American/Alaska Native	
(\subset	Latin(o/a/x), Hispanic, and Chican(o/a/x)	
(\subset	Black or African American	
(\subset	Multiracial	
(\subset	MENA (Middle East and North Africa)	
(\subset	White	
(\subset	Other	
(\subset	Prefer not to say	
46. T	hei	r career experience level. *	
(\subset	Early Career (0-5 years)	
(\subset	Mid Career (6-10 years)	
(\subset	Veteran (11+ years)	
47. lr	n w	hich level of education do they work? *	
(\subset	Pre-K-12	
(\subset	Higher education	
(\subset	Not applicable	
		hey hold any governance positions, such as local union president? If so, please provide title.	

49. [Do you need to add Team member # 4?
(Yes
(No

50.	Team Member # 4: First name *
51.	Team Member # 4: Last name *
52.	Primary email address *
53.	Which category best represents them? *
	Education Support Professional (ESP)
	Active Professional
	Affiliate Staff
	School or College Administrator
	Other
54.	Which career family best describes the work they do most of the time? *
	O NOT ESP
	Clerical and Administrative Services
	Custodial and Maintenance Services
	○ Food Services
	Health and Student Services
	Paraeducators
	Security Services
	Skilled Trades
	Technical Services
	Transportation Services
55.	Their current position/career title (please do not abbreviate) *

56. Please select their gender identity. *				
(0	Man		
(\circ	Woman		
(0	Non-Binary		
(\bigcirc	Agender		
(\circ	Two-Spirit		
(0	Gender Fluid		
(0	Gender Queer		
(\bigcirc	Intersex		
(0	Not Listed		
(0	Prefer not to say		
57. \	Wha	at is their race/ethnicity? *		
(0	Asian and Pacific Islander		
(0	Native American/Alaska Native		
(0	Latin(o/a/x), Hispanic, and Chican(o/a/x)		
(0	Black or African American		
(0	Multiracial		
(0	MENA (Middle East and North Africa)		
(0	White		
(0	Other		
(0	Prefer not to say		
58.	Thei	r career experience level. *		
(0	Early Career (0-5 years)		
(0	Mid Career (6-10 years)		
(0	Veteran (11+ years)		
59. I	n w	hich level of education do they work? *		
(\bigcirc	Pre-K-12		
(0	Higher education		
(0	Not applicable		
	Do they hold any governance positions, such as local union president? If so, please provide their title.			

61. Do you need to add Team member # 5?
Yes
○ No

62.	Team Member # 5: First name *
63.	Team Member # 5: Last name *
64.	Primary email address *
65.	Which category best represents them? *
	Education Support Professional (ESP)
	Active Professional
	○ Affiliate Staff
	School or College Administrator
	Other
66.	Which career family best describes the work they do most of the time? *
	○ NOT ESP
	Clerical and Administrative Services
	Custodial and Maintenance Services
	Food Services
	Health and Student Services
	O Paraeducators
	Security Services
	Skilled Trades
	Technical Services
	Transportation Services
67.	Their current position/career title (please do not abbreviate) *

68.	68. Please select their gender identity. *				
	\bigcirc	Man			
	\bigcirc	Woman			
	\bigcirc	Non-Binary			
	\bigcirc	Agender			
	\bigcirc	Two-Spirit			
	\bigcirc	Gender Fluid			
	\bigcirc	Gender Queer			
	\bigcirc	Intersex			
	0	Not Listed			
	\bigcirc	Prefer not to say			
69.	Wha	at is their race/ethnicity? *			
	\bigcirc	Asian and Pacific Islander			
	\bigcirc	Native American/Alaska Native			
	\bigcirc	Latin(o/a/x), Hispanic, and Chican(o/a/x)			
	\bigcirc	Black or African American			
	\bigcirc	Multiracial			
	\bigcirc	MENA (Middle East and North Africa)			
	\bigcirc	White			
	\bigcirc	Other			
	\bigcirc	Prefer not to say			
70.	Thei	r career experience level. *			
	\bigcirc	Early Career (0-5 years)			
	\bigcirc	Mid Career (6-10 years)			
	\bigcirc	Veteran (11+ years)			
71.	In w	hich level of education do they work? *			
	\bigcirc	Pre-K-12			
	\bigcirc	Higher education			
	\bigcirc	Not applicable			
		they hold any governance positions, such as local union president? If so, please provide title.			