DATE

MN-LHS Selection Committee

University of Minnesota

420 Delaware Street, SE

Minneapolis, MN 55455

Dear MN-LHS Selection Committee:

As (Title) of the (Department/Division) at (Organization), I agree to serve as XXX’s Operations Mentor if (he/she) is selected as a MN-LHS Scholar. I am committed to this role for two to three years beginning September 3, 2019 and ending Sept. 202X.

As part of this commitment, I agree to the following roles and responsibilities:

1. Connect scholar with health system leaders.
2. Connect scholar to groups or venues where strategies are discussed and decisions are made.
3. Champion individual projects, advocate on behalf of the scholar internally.
4. Navigate institutional politics and unseen relationships.
5. Help scholar understand the values and mission of the system.
6. Be an active member of the mentor-scholar team (including research mentor).
7. Meet with scholar at least quarterly.

Sincerely,

Signature block