

Name: _____ Age: _____

Address: _____
Street City State Zip

Phone: () _____ () _____
Home Cell

Email: _____

Disability: _____
(for eligibility purposes only)

ARTISTIC DISCIPLINE

1. _____
2. _____
3. _____

TELL US WHY...

On the lines below (or addition pages if necessary), provide a short statement including biographical information, noting your top three arts occupation interests, and the reasons why you would like to work with a mentor in the identified arts occupation(s). This information should focus on your arts career training and experience and not on your disability. Staff will review these applications, contact each applicant by phone or email and confirm their interest in the project.

Applicant's Signature: _____

Parent/Guardian's Signature: _____
(if applicant is under age 18)