



Mentorship Program

Mentoree Application Form

1. General Information

Name: _____
Address: _____ City: _____ ST _____ Zip _____
Phone: _____ Email: _____
School: _____ Grade Level: _____

2. Experience

1. What previous experience have you had in the performing arts?

2. With what local arts organizations have you been involved? In what capacity?

3. What leadership roles do you play in relation to school or community organizations or programs?

3. Interest

1. What area of the performing Arts are you interested in and why? Please choose from the following categories; Dance (Choreographer), Music (Choir Director, Accompanist, Orchestra Director), Dramatic Arts (Director, Producer, Costume, Set Design, Technical Sound or Lighting).

2. Please write a paragraph stating why you would like this opportunity.

3. Please state how you think this program can help you achieve future goals and what your expectations are from the program.

4. What or who inspired you to apply for this program and why?

Please include a letter of recommendation from a teacher or director who has been involved in your performing arts experience. Please feel free to attach resume.

References: 1. Name _____ Ph# _____ EMAIL _____

2. Name _____ Ph# _____ EMAIL _____

DEADLINE:

Send to IFYAC P.O. Box 51751 Idaho Falls, ID 83405 or Fax (208) 535-2272

Email to: ifyac@live.com Ph# (208) 403-5166

This section for IFYAC use only

Application Received _____

Mentor Accepted _____

Mentor Position Assigned _____

Mentor Assigned To _____

Confirmation _____

Authorizing Signature _____