

**Art Alliance of Central Pennsylvania
Mentee Application Form**

2008- 2009

Student (Mentee) Information

Name (First, Middle, Last) _____

Current Address _____
(Street)

(City) (State) (Zip code)

Home Phone _____ Cell Phone _____

Email Address _____

Parent/Guardian Contact Information

Name (First, Middle, Last) _____

Current Address _____
(Street)

(City) (State) (Zip code)

Home Phone _____ Cell Phone _____

Email Address _____ Work Phone _____

General Information About You

Female _____ Male _____ Birth date _____ Age _____

School

Name of school you attend. _____

What grade are you in? _____ Art Teacher's Name: _____

What school art classes have you taken? _____

What are your favorite subjects in school? _____

Your Expectations and Commitment

What do you hope to get from your experience with an art mentor?

Will you make a commitment to meet with your mentor at least once a month and to communicate considerably with all participants? Yes _____

When are you available to meet with a mentor? Weeknights _____ Weekends _____

Are you interested in participating in a Mentee/Mentor Exhibit in May 2008? _____

Art Interests

Tell us about any art classes, workshops, camps or other art experiences outside of school.

Please rank the 5 media you prefer: 1 = most, 5 = least

- Drawing _____
- Painting _____
 - Acrylic _____
 - Watercolor _____
 - Oil _____
- Sculpture _____
- Ceramics _____
- Collage _____
- Photography _____
 - Digital _____
 - Film _____
- Performance Art _____
- Other _____

Describe: _____

Please rank the 3 subject matters you prefer: 1 = most, 3 = least

- People _____
- Portraits _____
- Self-Portraits _____
- Still Life _____
- Landscape _____
- Abstraction _____
- Other _____

Describe: _____

Other questions, comments, interests, concerns:

As a member of the Art Alliance mentor program, I agree to be on time for meetings with my mentor, to meet at least once a month, to communicate in a timely manner with my mentor, to support other mentees and mentors and participate in group activities and exhibits.

Signed: Mentee _____

Date: _____

**Please mail this application to: Art Alliance of Central PA
c/o Anne Cortese
PO Box 811
Lemont PA 16851**