

BERKLEE COLLEGE OF MUSIC  
President's Office of Education Outreach/City Music  
Office phone: 617 747-6058

### 2009-2010 Application: City Music Mentoring Program

Please print

First name: \_\_\_\_\_ Last name: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
S.S.N.: \_\_\_\_\_ Gender: \_\_\_\_\_ Ethnicity: \_\_\_\_\_  
Address: \_\_\_\_\_ City, state: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone#: \_\_\_\_\_ Cell#: \_\_\_\_\_ Email: \_\_\_\_\_  
Instrument(s): \_\_\_\_\_ Years of training: \_\_\_\_\_  
School: \_\_\_\_\_ Grade: \_\_\_\_\_  
Head of household: \_\_\_\_\_ Relationship to student: \_\_\_\_\_  
Occupation (head of household): \_\_\_\_\_ Number in household: \_\_\_\_\_

Have you ever participated in the Mentoring Program at Berklee? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what year(s)?

Have you participated in other mentor program(s) (for example, "City Year")? Yes No  
If "yes" to the above, list programs and years of participation:

What is your favorite music to listen to or play?

List some artists that have influenced you:

How often do you practice?

Have you ever received the City Music Summer Scholarship (*formally known as SYSTEM-5*)? Yes No  
If yes, what year(s)?

Referred by: \_\_\_\_\_ Student number: \_\_\_\_\_

Applicant signature: \_\_\_\_\_

Print name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/guardian signature: \_\_\_\_\_

Print name: \_\_\_\_\_ Date: \_\_\_\_\_

I am interested in (check any that apply):

- Mentor Program
- City Music Summer Scholarship
- Five-Week Summer Performance Program
- Attending Berklee College of Music
- Receiving information on other programs at Berklee

Return to:

City Music Field Recruitment Assistant  
Berklee City Music Boston  
1140 Boylston Street, MS-921 EDCOM  
Boston, MA 02215

Berklee City Music is in compliance with 201 CMR 17.00. To ensure the protection of personal information, all applications are processed and confidentially contained.