

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

2011-2012 Application: City Music Mentoring Program

Please print.

First name _____ Last name: _____ Date of birth: _____ Age: _____

Gender: M / F Ethnicity: _____ School: _____ Grade in fall 2011: _____

Address: _____ City, _____ State: _____ Zip: _____

Student cell#: _____ Home phone#: _____ Parent contact#: _____

Student email: _____ Parent email: _____

Principal instrument(s): _____ Secondary instrument: _____ Years of training: _____

Head of household: _____ Relationship to student: _____

Occupation (head of household): _____ Number in household: _____

Main languages spoken at home: _____

Have you ever participated in the City Music Mentoring Program? Yes ___ No ___ If yes, what year(s)? ___

Have you participated in other mentor program(s) (for example, "Zumix")? Yes ___ No ___

If "yes" to the above, list programs and years of participation: _____

What is your favorite music to listen to or play? _____

List a few artists that have influenced you: _____

How often do you practice? _____

Have you ever received the City Music Summer Scholarship Yes ___ No ___ If yes, what year(s)? _____

How did you learn about the City Music program / who referred you?: _____

Applicant Name (print): _____ Date: _____

Applicant signature: _____

Parent/guardian name (print): _____ Date: _____

Parent/guardian signature: _____

I am interested in (check all that apply):

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

Return to:

City Music Recruitment & Enrollment Coordinator
Berklee City Music Boston
1140 Boylston Street, MS-899 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.