A MENTOR APPLICATION

. Name of Mentor			
FIR	ST	MI	LAST
Nailing address		City	
ip Code	County		_ Birthplace (optional)
hone numbers/email			
LEASE REFER TO THE KEY	DEFINITIONS AND APPLICA	TION INSTRUCTIONS	S WHILE ANSWERING QUESTIONS.
	Y PRINT YOUR ANSWERS TO		
Describe the traditional	art form you wish to teach.		
What are your backgrou have you been practicing	•	aditional art form? W	/hen did you start and how long
	lid you learn this traditional a	·	pple you observed, imitated, and
·		•	ommunity? At what times, places, or you and/or comes to listen or watch
. Have you ever taught an	d/or helped someone learn t	this traditional art? If	so, describe the circumstances.
. How long have you know	n your apprentice? Have you	u worked together pr	eviously on this traditional art?
. Why do you wish to wor	k with this particular appren	tice in the apprentice	eship program?
			apprentice as described in the work
• • •			by Arkansas Folk and Traditional Arts ng and sustaining Arkansas' traditional
igned			Date