

B

APPRENTICE APPLICATION

I. Name of Apprentice _____
FIRST *MI* *LAST*

Mailing address _____ City _____

Zip Code _____ County _____ Birthplace (optional) _____

Phone numbers/email _____

PLEASE REFER TO THE KEY DEFINITIONS AND APPLICATION INSTRUCTIONS WHILE ANSWERING QUESTIONS.

II. PLEASE TYPE OR NEATLY PRINT YOUR ANSWERS TO THE FOLLOWING QUESTIONS ON SEPARATE PAGES, NOT IN THE SPACES BELOW.

1. Describe the traditional art form you wish to learn.
2. How, when, and where did you start to learn this traditional art form? Who are the people you observed, imitated, and interacted with? Who influenced you in this traditional art form?
3. How long have you been practicing your traditional art? How much skill do you presently have in this traditional art?
4. What is the role and importance of this traditional art in your cultural community? At what times, places, or events do you practice your traditional art? Who else participates with you and/or comes to listen or watch you?
5. Why have you chosen to work with this mentor? What do you hope to accomplish?
6. What are your plans for working with this traditional art form after the apprenticeship is finished?
7. What cultural communities do you share with the mentor artist? Some possibilities might include, but are not limited to, family, geographic region, ethnic group, neighborhood, social club, town, occupation, and religion.

III. I am willing to work as an apprentice with _____ as described in this application. I will allow this apprenticeship to be documented by Arkansas Folk and Traditional Arts via audio/video recording and photographs for the purposes of encouraging and sustaining Arkansas' traditional arts.

Signed _____ Date _____

NOTE: If the apprentice is under the age of 18, a guardian's signature is required.

Guardian signature _____ Date _____