

Careers in the arts mentorship program (for 16–19 yr olds)

Name of parent or guardian (please print): _____

Signature of parent or guardian (if under 18 years of age): _____

Parent's email: _____

Telephone: _____

Emergency contact (if 18 years or older): _____

Relationship: _____ Telephone: _____

If you are still in high school please provide the name and signature of a teacher who is willing to support your application to the mentorship program.

Name of high school: _____

Name of teacher (please print): _____

Signature: _____

See page two for nominator form.

A nominator may be any adult who knows you well and can vouch for your conscientious participation.

Name of youth: _____

Program applying for: _____

Nominator name (print): _____ Signature: _____

Title and organization, relationship or school: _____

Address: _____

Telephone (business): _____ Email: _____

1. Why are you nominating this youth for this program? What skills and talents will he/she bring to this project?

2. How long have you been familiar with your nominee's work? _____

3. How has your nominee demonstrated leadership and a capacity to participate in a team environment?

Any personal information collected under the authority of Creative Manitoba will be used and disclosed for the purpose of determining your eligibility for participation with the Mentorship Program. It may also be shared with the Department of Children and Youth Opportunities for data collection purposes.

Return completed application to: Jan Skene at jan@creativemanitoba.ca or mail to Creative Manitoba Youth Mentorship Program, 300–245 McDermot Avenue, Winnipeg, Manitoba R3B 0S8