

Elemental Strings

a Santa Monica tradition since 2004

2011-2012 High School Mentor Application

Name: _____

Year in school: _____

Cell Phone: _____ Email: _____

Instrument (please circle) violin viola cello

Are you an ES alumnus? yes no

In a few sentences, please tell us why you are interested in mentoring for Elemental Strings.

By signing this, I understand that if I am selected to be a mentor, I am committed to working weekly with an Elemental Strings student for the duration of the school year. If there is a conflict that prevents me from fulfilling my obligation as a Mentor, I promise to communicate immediately with either Dr. Jo or Ms. Bersch.

Student signature: _____

Parent signature: _____