

# ANCHORAGE CONCERT CHORUS MENTORSHIP AWARD APPLICANT INFORMATION SHEET

Please **print** the following information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone:(907)\_\_\_\_\_ Email address:\_\_\_\_\_

Grade or year in school: \_\_\_\_\_ Name of school attending: \_\_\_\_\_

Name of choir director: \_\_\_\_\_ Phone:(907)\_\_\_\_\_

PLEASE INCLUDE A SHORT BIOGRAPHY (Musical highlights; Additional interests & activities; Special awards; Future plans; etc. *You may include attachments.*)

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

*AUDITIONS WILL BE MONDAY, AUGUST 18 or 25 AND MONDAY, SEPTEMBER 1 AFTER 6:30 P.M. (tba) AT OUR LADY OF GUADALUPE, 3900 WISCONSIN IN ANCHORAGE. Dr. Grant Cochran will conduct your audition and you need not prepare anything special in advance.*

**Please send applications to: Carolyn Morris, Mentorship Coordinator, Anchorage Concert Chorus, PO Box 103738, Anchorage, AK 99510-3738 or fax to: 274-6998 by August 18, 2008. You will be contacted to verify your info and to schedule an audition. Applications are also available at: [www.anchorageconcertchorus.org](http://www.anchorageconcertchorus.org) Contact Carolyn at C: 240-1730 or [morrisrc@gci.net](mailto:morrisrc@gci.net) with questions or the ACC office at 274-SING.**

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I certify that I am attending high school in Alaska and am at least 16 years of age (or will be by September). I further agree that I will be available for rehearsals and to sing the ACC Concert season, September through May, 2008-2009. I understand that if selected, this mentorship will not be a cash award but will pay for membership dues, music and costume. I also understand that if selected, I will be a member of the Anchorage Concert Chorus with all the rights and responsibilities of a member (except fundraising) of the ACC and that I must complete an ACC membership agreement. I understand my costume and furnished music are the property of the ACC and that they must be returned when I leave the chorus. My parent or guardian is aware that I have applied for a Mentorship Award and agree to the guidelines and requirements.

\_\_\_\_\_/\_\_\_\_\_  
Signature of Applicant for Mentorship & date

\_\_\_\_\_/\_\_\_\_\_  
Signature of parent or guardian & date