

Student Mentor Program

Student Name: _____ Instrument: _____

Telephone #: H) _____ C) _____

E-mail Address: _____

Parent's Name: _____

Attending Academic School: _____

Participating ISO Orchestra:

- ISO Symphony Orchestra Concert Orchestra

How many rehearsals are you attending for the Mentorship program?

- 5 rehearsals 10 rehearsals 15 rehearsals All Rehearsals

And for which orchestra?

- | | |
|---|--|
| <input type="checkbox"/> Turtle Bay Orchestra (Wednesdays, 4:30-5:45 p.m. Turtle Bay Music School 224 East 52nd Street) | <input type="checkbox"/> Trinity Florentine Orchestra (Mondays, 4:30-5:45 p.m. Trinity Church, Broadway and Wall Street) |
| <input type="checkbox"/> Queens East Orchestra (Thursdays, 4:30-5:45 p.m. P.S. 203, Oakland Gardens School 53-11 Springfield Blvd, Oakland Gardens, NY 11364) | <input type="checkbox"/> Morningside Orchestra (Tuesdays, 4:30-5:45 p.m. Broadway Presbyterian Church 601 West 114th St.) |

Will you need a letter for this community service?

- Yes No

Teaching experience/additional comments: _____

Please fill out this form and return to **Yaesolji Shin** at yshin@isorch.org.