

Form

Artist Mentorship Application Form

Case Study

Birth Name

First Name

Last Name

Stage Name

First Name

Last Name

Your Age

Email

example@example.com

Address

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Phone Number

Please enter a valid phone number.

Your Musical Background

Describe your musical background, including any formal training, instruments played, genres explored, and notable achievements (awards, performances, releases, etc.). How long have you been pursuing music as a career or hobby?

Your Career Aspirations

What are your short-term and long-term career goal? Describe your vision for your music career. Where do you see yourself in the next 1-3 years? 5 years?

Reasons for seeking artist mentorship

What motivated you to apply for this artist mentorship program? What do you hope to gain from participating in this mentorship program?

Additional Information

Is there anything else you would like us to know about you or your music journey that has not been covered in this application?

Date

Day Year