

ATOS MENTOR PROGRAM APPLICATION FORM

Name: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Phone number (including area code): (_____) _____ -- _____

E-mail address (if available): _____

Age: _____

Type of instrument you normally play: _____

Number of years playing/studying organ (note: it is preferred that you are presently taking organ instruction in some form or have done so within the past few years): _____

Present playing skills and abilities: _____

Reasons why you should be selected: _____

What you expect to gain from the session: _____

Any other information you would like to have taken into account: _____

In order to be considered for the Mentor Program, your application must be received by letter/e-mail no later than **April 30th** prior to the Annual Convention at which the coaching session will take place. You must also be planning to attend the Annual ATOS Convention at which the coaching session will take place, since no expenses will be provided. The preferred method of transmittal is e-mail, but regular mail is acceptable. If you are selected, you will be notified of acceptance no later than June 10th prior to the Annual ATOS Convention. Please contact Larry Fenner with any additional questions.

-- Larry Fenner, Chairman
ATOS Mentor Program
33 Wheatland Circle
Lebanon, PA 17042-9417
l.fenner@atos.org
717-274-2254