



# Small Business Arts Mentorship Program

## FOR ARTS PROFESSIONALS AND MAKERS

### APPLICATION FORM

Please complete this **Small Business Arts Mentorship Program (SBAM)** application.

#### A. GENERAL *(Please print)*

Legal name

Preferred name *(If different)*

Select preferred pronouns *(Optional)*

<input type="checkbox"/> he / him	<input type="checkbox"/> she / her	<input type="checkbox"/> they / them	<input type="checkbox"/> Other:
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Email

Telephone number

<input type="text"/>	<input type="text"/>
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Street address

City/town

Province

Postal code

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Website *(Optional)*

#### B. SOCIAL MEDIA

LinkedIn

Facebook

<input type="text"/>	<input type="text"/>
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Instagram

Twitter

<input type="text"/>	<input type="text"/>
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*Other:*

<input type="text"/>	<input type="text"/>
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C. ART DISCIPLINES

Which art discipline(s) do you work in? *(Please check all that apply)*

<input type="checkbox"/> <b>Dance</b> <input type="checkbox"/> Choreographer <input type="checkbox"/> Dance performer <input type="checkbox"/> Other: _____	<input type="checkbox"/> <b>Music</b> <input type="checkbox"/> Composer <input type="checkbox"/> Conductor <input type="checkbox"/> Engineer / technician: _____ <input type="checkbox"/> Musician <input type="checkbox"/> Producer <input type="checkbox"/> Singer <input type="checkbox"/> Other: _____
<input type="checkbox"/> <b>Decorative arts</b> <input type="checkbox"/> Ceramicist / potter <input type="checkbox"/> Fused glass artist <input type="checkbox"/> Glass blowing artist <input type="checkbox"/> Metalwork artist <input type="checkbox"/> Mosaic artist <input type="checkbox"/> Stained glass artist <input type="checkbox"/> Textile artist <input type="checkbox"/> Woodwork artist <input type="checkbox"/> Other: _____	<input type="checkbox"/> <b>Theatre</b> <input type="checkbox"/> Actor / performer <input type="checkbox"/> Costume designer <input type="checkbox"/> Director <input type="checkbox"/> Lighting designer <input type="checkbox"/> Playwright <input type="checkbox"/> Scenographer <input type="checkbox"/> Stage manager <input type="checkbox"/> Other: _____
<input type="checkbox"/> <b>Media arts</b> <input type="checkbox"/> Artist <input type="checkbox"/> Broadcaster / presenter <input type="checkbox"/> Director <input type="checkbox"/> Film maker <input type="checkbox"/> Technician: _____ <input type="checkbox"/> Writer <input type="checkbox"/> Other: _____	<input type="checkbox"/> <b>Visual arts</b> <input type="checkbox"/> Artist <input type="checkbox"/> Digital artist <input type="checkbox"/> Painter <input type="checkbox"/> Photographer <input type="checkbox"/> Print maker <input type="checkbox"/> Sculptor <input type="checkbox"/> Other: _____
<input type="checkbox"/> <b>Other</b> <input type="checkbox"/> Arts administrator <input type="checkbox"/> Creative arts therapist <input type="checkbox"/> Curator <input type="checkbox"/> Educator <input type="checkbox"/> Publicist <input type="checkbox"/> Other: _____	

If you have selected more than one discipline, in which would you like mentorship?

Please list, if applicable, any professional affiliations

#### D. PROFESSIONAL PRACTICE

Please check all statements that apply:

- I received specialized training in my arts discipline from a school, institution, organization and/or with a Master Artist.
- I identify as a professional and am recognized as such by peers (artists working in the same practice, critics, galleries, etc.).
- I seek compensation for the artistic work, including receipt of grants from relevant public and private arts funding agencies.
- I have a history of presenting work to the public by means of exhibitions, performance, publications, readings, screenings, or by other appropriate means.
- I have membership in a professional association of artists.
- None of the above.

Why do you need mentorship?

What do you hope to gain from SBAM?

Application date

Signature

YYYY / MM / DD	
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Please email this application to:

info@glasstronomystudios.ca  
Please use subject line: SBAM | [Your name]

or mail to:

**Glasstronomy Studios**  
2600 John St., Unit 108  
Markham ON  
L3R 3W3