



Protégé Application

ABOP's Mentorship Program is focused on providing guidance and assistance to Black percussionists seeking a career in symphonic/orchestral percussion. See [Mentorship Program](#) for more details on eligibility and an overview of the program.

Please: 1) **Complete this application** in its entirety and to the best of your knowledge. 2) Have a teacher or instructor who is familiar with your musical abilities **submit a letter of recommendation** (percussion teacher/coach, band or orchestra director, etc.). 3) If you have a resume, please **submit your resume** with your application. This application, the letter of recommendation, and your resume can be emailed (info@abop.us) or sent by U.S. mail (see contact information at the end of the application). Feel free to contact ABOP with any questions you may have. All information that you provide is confidential and will be used to determine your eligibility and acceptance into ABOP's Mentorship Program.

Completing this application is the first step in becoming a Protégé in ABOP's Mentorship Program. After your application is reviewed and approved, you will be asked to audition in person or submit a recording (audition details will be provided). You will also be asked to participate in a brief interview so that we can get to know more about you. After your audition and interview is reviewed, you will be notified of your membership status. Thank you for applying to our Mentorship Program!

PERSONAL INFORMATION

First name: _____ Last name: _____

Date of birth: ___/___/_____ Age: _____

If under the age of 18, a parent/guardian must sign and complete the information at the end of this application.

Street address: _____

City: _____ State: _____ Zip code: _____

Phone number with area code: _____ Email: _____

Are you Black? _____

Applicants must be of Black/African American descent. If you are not, but interested in becoming a member of ABOP, please use the [Individual Membership](#) application.

How would you describe your overall financial situation? _____

EDUCATION

High School

Name of school: _____ Year of graduation or expected year: _____

If currently in high school, class: ___ Freshman ___ Sophomore ___ Junior ___ Senior

Percussion teacher(s) _____

College, University or Conservatory

Name of institution: _____

Year of graduation or expected year and degree: _____

If currently an undergrad, class: ___ Freshman ___ Sophomore ___ Junior ___ Senior

Percussion teacher(s) _____



Feel free to attach additional pages if more space is needed.

Graduate School

Name of institution: _____

Year of completion or expected year and degree: _____

Percussion teacher(s) _____

MUSICAL TRAINING and EXPERIENCE

How long have you been a percussionist? _____

Who is your current teacher? _____

Who have you studied with in the past? _____

Do you play another musical instrument? _____

Which of the following instruments are you comfortable playing?

___snare ___marimba ___xylophone ___vibraphone ___glockenspiel (bells)___ timpani

Which instrument would you say is your strongest and why? _____

Which instrument would you say is your weakest and why? _____

What ensembles do you or have you performed with? _____

What do you consider as some of your significant musical accomplishments (for example: school section leader, all-city or all-state orchestra or band, etc.)? _____

INSTRUMENTS and EQUIPMENT

What instruments do you own? _____

What instruments do you use regularly that are owned by a school or someone else? _____

What instruments/equipment do you consider essential for you to own that you do not currently have? _____

Do you have an adequate collection of sticks and mallets for snare, timpani, marimba, xylophone, glockenspiel, etc.? _____



Feel free to attach additional pages if more space is needed.

ABOUT YOU

Tell us about yourself; who you are and how percussion fits into your life (for example: What is the connection you have with percussion? Why do you play percussion? What are your goals? What has been your inspiration?): _____

Tell us about yourself and your family: _____

What are three of the most important things that ABOP can assist you with? _____

What else do you want us to know about you? _____

LETTER OF RECOMMENDATION

Have a teacher or instructor who is familiar with your musical abilities submit a letter of recommendation (percussion teacher/coach, band or orchestra director, etc.). The letter of recommendation should be sent within a week of your application being submitted. The letter can be emailed (info@abop.us) or sent by U.S. mail (see contact information at the end of the application).



If the applicant is under the age of 18, a parent or guardian must consent by providing the following information.

PARENT/GUARDIAN INFORMATION

First name: _____ Last name _____

Street address: _____

City: _____ State: _____ Zip code: _____

Phone number with area code: _____ Email: _____

Comments (optional): _____

Thank you for applying to ABOP's Mentorship Program! You will receive a confirmation email acknowledging the receipt of your application. Upon review, we will notify you of the status of your membership in ABOP's Mentorship Program. Feel free to contact us with any questions or concerns you may have.

Thank you,
Alliance of Black Orchestral Percussionists

abop.us
info@abop.us

ABOP
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