

# **MERIDEN ACCELERATED MUSIC**

## **MENTOR VERIFICATION SHEET**

This form verifies that \_\_\_\_\_ has been mentoring  
(Student Name)

at \_\_\_\_\_ for Quarter \_\_\_\_\_  
(School Name) (1, 2, 3, or 4)

under the direction of \_\_\_\_\_.  
(School Music Director)

Days of the week mentoring took place and total hours during the quarter:  
(minimum 6)

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Please list all responsibilities and include the age range and instrument that  
this high school student has mentored:

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\_\_\_\_\_  
(School Music Director's Signature)

\_\_\_\_\_  
(School Music Director-Email)

\_\_\_\_\_  
(Student Signature)

\_\_\_\_\_  
(School Music Director- Phone)