



CULTURAL ALLIANCE OF FAIRFIELD COUNTY  
ARTIST MENTORSHIP PROJECT MENTOR REPORT

*Your payment will be processed when we receive this completed form. Thank you.*

MENTOR NAME \_\_\_\_\_:

ARTIST NAME: \_\_\_\_\_

DATE OF CONSULTATION \_\_\_\_\_:

Please give us a brief summary of your consultation.

How has this program impacted you, either professionally or personally? If you have any stories or experiences to share, please tell us!

PLEASE COMPLETE AND RETURN TO:

CULTURAL ALLIANCE OF FAIRFIELD COUNTY 70 SANFORD STREET FAIRFIELD, CT 06824