

OPPA Mentorship Program *STUDENT* Application

Name _____ Studio Name _____

Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

Website _____

What photography, marketing or business schooling or experience do you have _____

If you have any degrees or certifications from OPPA or PPA, please list _____

How long have you been in OPPA? _____ How long have you been a photographer? _____

The mentorship chairperson will attempt to match you with a mentor who can offer you help in the subject(s) you need guidance. Check the areas you're interested in:

- | | |
|--|--|
| <input type="checkbox"/> In-Studio Lighting | <input type="checkbox"/> Sales |
| <input type="checkbox"/> Window Lighting | <input type="checkbox"/> Family Photography |
| <input type="checkbox"/> Outdoor Lighting | <input type="checkbox"/> Maternity / Newborn |
| <input type="checkbox"/> Special Event Photography | <input type="checkbox"/> Marketing |
| <input type="checkbox"/> Commercial Photography | <input type="checkbox"/> Business Management |
| <input type="checkbox"/> H.S. Seniors | <input type="checkbox"/> Financial |
| <input type="checkbox"/> Computers (MAC or PC) | <input type="checkbox"/> Workflow |
| <input type="checkbox"/> Photoshop / Lightroom | <input type="checkbox"/> Compositing |
| <input type="checkbox"/> Printing | <input type="checkbox"/> Drones |
| | <input type="checkbox"/> Other _____ |

Requested Mentor : _____

You may request a mentor(1st and 2nd choice) but understand that requests cannot be guaranteed.

Mentorships are offered on a first come-first served basis. If all mentorship slots are filled before your application is received, your name will be placed on a waiting list and you will also receive priority placement in the next mentorship period.

Please Note: OPPA is not responsible for any expenses incurred by you or your mentor. Neither should the mentor incur any expenses for telephone, travel, food, lodging, etc. By signing below, you agree to these terms and rules of the OPPA Mentoring program.

Signature _____

Date _____

Please send completed application to Bryan Welsh via email bryan@mitstudio.com