\* Required

Name \*

Last, First, Middle, Maiden



Your answer

Telephone \*



Your answer

Email Address \*



Your answer

Which teaching position are you applying for? \*

\_\_\_\_ Theatre

\_\_\_\_ Dance

Present Address \*

Your answer



Session Desired \*

\_\_\_\_ Week One Elementary

\_\_\_\_ Week Two Middle/High School

\_\_\_\_ Both Weeks

Are you certified to teach in the state of Illinois? \*

If yes, in what area are you certified and what grade levels?



Your answer

Experience \*

Please outline an experience you have with teaching children.

Your answer



Education \*

Please list all educational history, including a list of schools attended (name + address), # of years completed, and any major/degree.

Your answer



Personal Statement \*

Why would you like to be a part of our Summer Theatre Workshop? In your opinion, what do you have to offer our program?

Your answer



Additional Skills

Please tell us any additional skills you have that would benefit our Summer Workshop students.

Your answer



References \*

Please list two references other than relatives or friends.

Your answer

