

*Teacher's Assistant Program (T.A.P.) Application*

Name \_\_\_\_\_ Age \_\_\_\_\_

Birth date (\*\*must be at least 12\*\*) \_\_\_\_\_ Grade \_\_\_\_\_

Parent's Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ 2nd Phone Number \_\_\_\_\_

Which semester are you applying to assist? (ex: Spring 2014)

\_\_\_\_\_

Days and times in which you are available to assist:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What discipline do you want to assist? Ballet Tap Jazz Art Drama  
(you may choose more than one)

Years of training in discipline you desire to assist:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Years as an FOA Student \_\_\_\_\_

What is your current level placement in the discipline you are requesting to assist?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you applied for T.A.P. in the past? Yes No

If yes, how many semesters have you been in the program? \_\_\_\_\_

Please list the past 3 instructors you have assisted. Include what genre of class you were assisting:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will you be applying for the T.A.P program next semester? Yes No



\_\_\_\_\_  
*Parent/ Guardian Signature (if applicant is under 18)*

\_\_\_\_\_  
*Date*

*Email address:* \_\_\_\_\_  
*(student's)*

*Email address:* \_\_\_\_\_  
*(Parent/ guardian)*