## $Teacher's \ Assistant \ Program \ (T.A.P.) \ Application$

| Name   | Ag                    | e        |              |
|--|-----------------------|----------|--------------|
| 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 20  | 14)                   |          |              |
| Days and times in which you are available to assist:   |                       |          |              |
| What discipline do you want to assist? Ballet Ta (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 a   | re requesting to assi | st?      |              |
| 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 |                       | you were | e assisting: |
| Will you be applying for the T.A.P program next semester?  | Yes No                |          |              |

| Are you currently employed? If so, where?   | Yes   | No  |  |
|---|---|---|--|
| If you are employed, can we con Employer Contact Information: Name_ Business Name_ Telephone Number   |   |   | No   |
| Please explain below, why you w   |   |   |  |
|   |   |   |  |
|   |   |   |  |
| List below 2 references from the and a personal reference (no related   |   |   | the same discipline for which you are applying,  |
| Name  | Phone Nu  | mber  |  |
| Name  | Phone Nu  | mber  |  |
| Name  | Phone Nu  | mber  |  |
| If accepted into the progresentative of the orgunderstand that this is preappropriately and listen to for classes and I understant the class(es) on my own. I off the price of one hour | g a member of T<br>am, I will treat r<br>ganization. I ha<br>eparation for bed<br>the teacher I am<br>nd that in the eve<br>n exchange for e<br>of class that I a | The Arts ny time ve rea coming assistio ent of ac every or m enro | s Center T.A.P. program is a privilege. It here as a job, being an upstanding and the graduation requirements and an Arts Center instructor. I will dressing .I agree to be on time and prepared in emergency, I may be asked to teach the hour that I teach, I will receive 50% of the light in. If for any reason (other than program, I will be responsible for the |
| Signature   |   |   | <br>Date   |

| Parent/ Guardian Signature (if applicant is under 18) | Date |
|---|------|
| Email address:(student's)                             |      |
| Email address:(Parent/ guardian)                      |      |