



Teaching Artist Application

Please return to Allied Arts
by August 1st

PO Box 2584 | Bellingham, WA 98227 | 360-676-8548 | kelly@alliedarts.org

Please provide the following:

1. One copy of this form
2. Resume (teaching and artistic background only).
3. Documentation: provide artistic work samples via website address or attach slides, CD's, photos or written samples of your work and/or your student's work.
4. One letter of reference from someone who knows your work as an artist or teacher.

CONTACT INFORMATION

Name: _____

Address: _____

Home Phone: _____ Cell phone: _____

E-mail: _____

Website: _____

AVAILABILITY

Please indicate your availability:

_____ mornings _____ afternoons
_____ specific days only (please note weekdays you are available below)

Please indicate how frequently you feel you could work as a teaching artist
(number of workshops per month for example). _____

Artistic Teaching Objectives:

What arts skills will students learn through your workshop? List at least three.

Number of sessions required _____ **Length of each session** _____

Total project time: _____

This workshop is appropriate for the following ages: _____

Space and equipment requirements: _____

Materials needed and material cost: _____

Other Comments: _____
