



<u>Artist Name</u>	<b>OFFICE USE ONLY</b>	<u>Date Rcvd</u>

*affiliated with the national Young Audiences  
Arts for Learning network*

**APPLICANT INFORMATION: (PLEASE TYPE OR PRINT LEGIBLY)** This is a fill-in PDF, you can type directly into the document. Save to your desktop and then attach it to the email to send in.

**Name:**

**Address:**

**Phone:**

**Email:**

Name of college(s) or university that you attended:

Degree earned and/or credit hours earned:

Describe your teaching experience (*of any kind, not only in a school*):

When are you available to teach (days / times during the school day; after school, summer, etc.)?

Are you currently involved with any other organization that provides educational services to students / schools?

Y\_\_\_ N\_\_\_ If yes, with whom and in what capacity?

If you are not a U.S. citizen, do you have a **visa** or **valid work permit**? Y\_\_\_ N\_\_\_ NA\_\_\_

Are you currently certified through DESE? Y\_\_\_ N\_\_\_

How did you learn about Springboard?

Have you ever seen a Springboard program? Y\_\_\_ N\_\_\_ If yes, what program did you see?

**PROGRAM INFORMATION:**

Program Category: (check all that apply)

- Performance
- Workshop (One session)
- Residency (Multiple sessions)
- Educator Workshops (Professional Development)

Discipline: (check all that apply)

- |                                      |   |   |
|--------------------------------------|---|---|
| <input type="checkbox"/> Dance       | <input type="checkbox"/> Science                    | <input type="checkbox"/> Character Education      |
| <input type="checkbox"/> Theater     | <input type="checkbox"/> Math                       | <input type="checkbox"/> Social Studies / Culture |
| <input type="checkbox"/> Music       | <input type="checkbox"/> Literacy (Writing/Reading) | <input type="checkbox"/> Storytelling             |
| <input type="checkbox"/> Visual Arts | <input type="checkbox"/> Health                     | <input type="checkbox"/> Theater                  |

Grade Level Suitability: (click on) Pre K 1 2 3 4 5 6 7 8 9 10 11 12 Special Ed. Community  
*(Programs may be suitable for a range of grade levels, or may be adapted to suit a broader range. Please check all that may apply.)*

**Would you be willing to teach one of our Signature Programs (please see the website for a list and more details [www.springboardstl.org](http://www.springboardstl.org))?**

**Describe in two to three paragraphs the program(s) you would like to present (attach if necessary):**

If you are doing a residency, how many sessions (45-60 minute period of time – one class period) are ideal?

What would you name this program?

Is your program complete or is more development needed?