

WORK STUDY PROGRAM APPLICATION

NAME: _____

ADDRESS: _____

CITY: _____ NJ ZIP _____

PHONE NUMBER: _____ CELL PHONE: _____

AGE: _____ YEARS AT STUDIO: _____

- Did you Assist last year (2014-2015) YES NO

*If YES, what class(es) were you an Assistant for: _____

- Prior Work Experience: _____

- Please attach an essay why are you interested in the Work Study Program and how do you think your dance training can help the teachers/students. Please include what kind of dance experience you have and for how many years.

- Does your family need financial assistance? (please explain and attach tax return) YES NO

PLEASE RETURN APPLICATION via EMAIL by AUGUST 15
Email to tara@mainstage.org

