



1219 Military, Port Huron, MI 48060
(810) 984-2787 www.Studio1219.com

Instructor Application

Date _____

Name _____

Address _____

City _____ State _____ Zip _____

E-Mail _____ Cell Phone _____

Daytime Phone _____ Evening Phone _____

Education

School	Degree	Date

Teaching/Experience

Course/Workshop	Location	Level/Age	Date

Teaching Qualifications/Other Skills

Exhibits/Awards/Significant Accomplishments

Availability

Please list the days and times you are available to teach:

Would you be available to substitute teach?

Statement of Purpose

Briefly explain why you want to teach at Studio 1219 and the special qualifications that make you the best applicant.

References

Current Employer (Company and Supervisor) _____

May we call your supervisor for a reference? Yes ___ No ___ Phone # _____

List at least three references from educational or professional experiences.

Name/Title	Address	Phone	Years Aquatinted
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Please return completed application and resume:

By Mail: Studio 1219
 1219 Military
 Port Huron, MI. 48060

Attention: Education Department