Instructor Application and Proposal

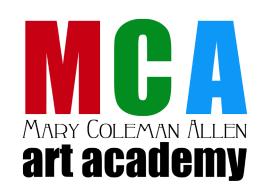
Page 1 Instructor Information Troy-Hayner Cultural Center 301 West Main Street Troy, OH 45373 www.troyhayner.org (937) 339-0457

SSN or State ID# (Required, if accepted)

Name

Address

City



Zip

Contact Information

Please provide your contact information and tax info.

State

Company Name (if applicable)

Phone	Email			
Have you ever been convicted of or p If yes, when? Ex	oled guilty to a for planation (Attac			fense?
Please	Educati begin with high		med	
High School, College or University	Major	Minor	Diploma/Degree	Year
	·			
	Referen	CAS		
Please provide references who			ls and/or subject knowl	ledge.
Name	Years Known		Relationship	
Company/Position			1	
Address				
City	State		Zip	
Phone	Email			
Name	Years Known		Relationship	
Company/Position	Teuro IV		Relationinp	
Address				
City	State		Zip	
Phone	Email		•	
Signature		Date		

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Page 2 Class Proposal Troy-Hayner Cultural Center 301 West Main Street Troy, OH 45373 www.troyhayner.org (937) 339-0457



Your Name:			
Class Title:			
Brief Description of the class:			
Is the class: a one day workshop a series of more than one day Length of Class Preferred Day/s Preferred Start Time			
Student Ages (Circle all that apply) Pre K K - 3rd 4th - 6th Teen Adult Parent & child			
Classroom Requirements (Circle all that apply) Extra Ventilation Throwing Wheel Water Electricity Easel Projector Screen Whiteboard Other (explain)			
Minimum Number of Students Maximum Number of Students			
Class Fee per Student? - \$ Includes 15% fee for Hayner) Supply Fee per Student? - \$ (This fee should be incorporated in the overall class fee			
List the class supplies that will be provided by the Instructor and/or student (Attach a separate sheet if needed.)			
What do you, as the Instructor, want each student to take away from the class? (Attach a separate sheet if needed.)			
Signature Date			