EUREKA SPRINGS SCHOOL OF THE ARTS

www.essa-art.org 479-253-5384

INSTRUCTOR APPLICATION – 2017/2018 Workshops

Please submit this application and all required information before September 15th 2017.

**Instructor Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mailing Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State:\_\_\_\_Zip:\_\_\_\_\_\_\_**

**E-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Proposed Class Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Have you taught at ESSA before?: \_\_\_\_\_\_\_\_\_\_\_\_\_ If yes, when? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If you are a new instructor please attach your relevant teaching information.**

**Workshop Description *as it will be used in all marketing material* (65 words or less)**

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**Instructor Biography *as it will be used in all marketing material* (in 40 words or less):**

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Proposed date and # of days for your workshop (We usually have 5 day or 3 day classes).

Choice 1 date: \_\_\_\_\_\_\_\_\_\_\_ length (in days): \_\_\_\_\_\_\_\_\_\_\_\_

Choice 2 date: \_\_\_\_\_\_\_\_\_\_\_ length (in days): \_\_\_\_\_\_\_\_\_\_\_\_

**Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please include the following Non-Returnable information with your submission**

Electronic applications are preferred, when possible.

* Application Form (PDF or Word doc only please)
* Minimum of 4 good quality .jpg (digital images)
* please clearly label each image with artist last

name, first name, title

* Please send **electronic applications to:**

[esartschool@gmail.com](mailto:esartschool@gmail.com) Or

* **Mail to:** Eureka Springs

School PO Box 657 Eureka Springs, AR 72632