



Create. Discover. Learn.



KID'S COLLEGE Teaching Proposal

Instructor's Name (as it appears on Social Security Card)

____ - ____ - ____
Social Security Number

Street Address

City State Zip Code

Home Phone

Alternate Phone

E-mail Address (required)

CLASS or WORKSHOP INFORMATION

Class or Workshop Title

Art Form Presented

Materials Fee - if required (\$ per student)

Space/Technical Requirements

Please indicate during which Week(s) you would like to teach: ____ July 12-16, 2010 ____ July 19-23, 2010 ____ Both Weeks

Please indicate in which section you would like to teach:

____ Early Art (grades K-1) ____ Kindermusik (grades K-1) ____ Morning Session (grades 2-7) ____ Afternoon Session (grades 4-7)

Class/Workshop Description: _____

Are you comfortable teaching students with disabilities? ____ Yes ____ No

Can your class/workshop be tailored to accommodate students with disabilities? ____ Yes ____ No

Are volunteers needed for your class? ____ Yes ____ No If yes, how many? _____

Please return this completed form, with your current resume, and a one-paragraph biographical statement to:

Carnegie Hall, Inc.
Attn: Leah Trent, Education Director
105 Church Street
Lewisburg, WV 24901

For more information:

Call (304) 645-7917 or Email: trent@carnegiehallwv.com
www.carnegiehallwv.com