

Instructor Application For Hitchcock Academy

Date:	
Name:	
Phone #:	
E-mail:	
Class:	
Class Description:	
Do you have a website and/or Facebool	K:
Is this a one-time class, multiple session	ns or ongoing?
Class Requirements (room size, tables,	electrical needs, av equip etc.)
Material list:	
	or or student)
Preferred Schedule for Class:	
Requested Instructor Fee:	
Min # of Students:	_Max # of Students:
If applicable, please include an image o website and/or social media.	f product(s) to be made or a link to your

Name	
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List Any Relevant Education/Skill/ Employment/Teaching Experience

1		Date:
2		Date:
3		Date:
Please list two persons not r	References related to you:	
Name	Email	Phone
1		
2		
Are you a U.S. citizen?		
Consultants will be required to	complete CORI/SORI	forms.
A W-9 form must be completed	d prior to your first clas	SS.
information is correct to the I Academy Personnel to verify statements from references giv application, whenever discove	best of my knowledge any information presoven. I understand that ered, will be cause for	, 2, and that the and belief. I authorize Hitchcock ented in this form and to request any untrue statements made in this cancellation of application and/or and the cancel by all Hitchcock Academy
Signature		 Date