

DANCE CO.

Application Form Ingredients Trainee Program

Please fill out application form completely and accurately. TYPE or PRINT CLEARLY. Your application must include a headshot, resume (optional), and \$25.00 application fee.

Name					Nickname	
Age as of	f September 2	018	_ Date of Bir	th		
Gender:	Male	Female		Height	Weight	
Names of	f Parents/Gua	rdians				
Phone:	Home ()		Cell ()	
Address						
City			State _		Zip	
E-mail Ac	dress			_		
Church A	ffiliation					
How long	have your att	ended this chu	ırch?		-	
Please list	name, and num	ber of years. <i>U</i> s	se an extra pied	ce of paper if ned	f dance (ballet, modern, etc.), studeessary.	dio/schoo
•	attended Dar	nce Revolution		ational in the pa	ast?	
·	es ease list numb	no er of years atte	ended and loc	ation(s):		

EDUCATION: Please circle the highest level of education that you have completed:						
Some High School	High School Graduate	Some College	College Graduate			
EMPLOYMENT HISTOR List the most recent first.	RY:					
Company		_ Manager				
Position		Dates Held				
Reason for Leaving						
Company		_ Manager				
Position		Dates Held				
Reason for Leaving						
Company		_ Manager				
Position		Dates Held				
Reason for Leaving						
REFERENCES: List your three references. Please provide a copy of the	e recommendation form for e	each of your three refere	nces.			

Pastor/Spiritual Leader_____

Parent_____

Friend_____

If accepted as an Ingredients Trainee, who will be responsible for your tuition?

If accepted as an Ingredients Trainee, how will you be supported during your time as a trainee?

QUESTIONS:

Please answer the following questions briefly on a separate typewritten page. Write at least one paragraph to answer each question, answering them to the best of your ability.

- 1. Tell us how and when you became a Christian and about your personal growth in Christ.
- 2. Describe your current walk with the Lord, including how your faith is growing, the spiritual influences in your life, your quiet times, church involvement and outreach activities that you have participated in.
- 3. Who, besides the Lord, has made the biggest impact in your life? Please explain.
- 4. List and explain three of your strengths and three of your weaknesses.
- 5. Explain how and why God is calling you to become a Trainee with Ingredients. Include how you believe Ingredients can help you reach your goals and how you can be an asset to the ministry.
- 6. Do you have a physical handicap, disability, or disease that might affect your ability to fully function as an intern? Yes No If so, please explain:
- 7. Do you have any chronic illnesses? Yes No If so, please explain:
- 8. Are you presently under medication prescribed by a doctor? Yes No If so, please explain:

I understand that trainees are expected to maintain the highest standards of conduct at all times. As a participant in the Ingredients Trainee Program, I will be willing to adhere to the guidelines and rules of the program.

Student's Signature	Date

Before mailing, make sure you have everything you need to apply:

- Completed Application
- \$25 Application Fee
- Headshot
- Resume (Optional)
- Three Recommendations:
 - Pastor/Spiritual Leader
 - o Parent
 - Friend

Mail Application to:

Ingredients Trainee Program
Dance Revolution
2100 Greenbriar Dr., Suite #150
Southlake, Texas 76092