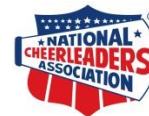




2017-18



# NCA Leadership Instructor Application

**Note: Applicant must turn 18 years of age by May.**

Accepting applications beginning November 1<sup>st</sup>.

All applications must be postmarked by : January 2<sup>nd</sup> , 2018.

For more information, please call 214-564-8185.

To apply, please submit the following with this form:

1. One recent full body picture
2. Three (3) letters of recommendation – may be written by a sponsor, teacher, dance instructor, coach, employer, etc.

**Mail these items to:**

**NCA Leadership**  
**Attn: Cenie Royal**  
**5610 Exeter Dr., Richardson, TX 75082**

Your application will not be processed until all items are received.  
You will be notified of employment status by March 1<sup>st</sup>.

**Please type of clearly print the following:**

## Home Information

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone (with area code) \_\_\_\_\_

Cell Phone (with area code) \_\_\_\_\_

Email Address \_\_\_\_\_

## School Information

I am currently in (check one) HS/College/Graduate

High School (must be a Senior to apply)  
 Which college or university are you planning to attend?  
 \_\_\_\_\_

College – Current College Classification (check one)

<input type="checkbox"/> Freshman	<input type="checkbox"/> Sophomore
<input type="checkbox"/> Junior	<input type="checkbox"/> Senior
<input type="checkbox"/> Graduate School	

Major in School: \_\_\_\_\_

Graduated – Occupation is: \_\_\_\_\_

Your address at your college/university if you do not live at the home address already listed:

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Cell # \_\_\_\_\_

I would like my information sent to:  Home  School

## Personal Information

Do you currently cheer for the school listed above?  Yes  No

Birth date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Stunting Position:  Top Person  Base  Either

Do you tumble?  Yes  No

List any injuries or health problems you have which may affect your ability to work:  
\_\_\_\_\_  
\_\_\_\_\_

## **Camps Attended:**

Camp Location / Year / Company (UCA, NCA, etc)  
\_\_\_\_\_  
\_\_\_\_\_

Fill out both sides of this form and return to address listed above.

**Office Use Only:**

Camp \_\_\_\_\_

Date Application Given \_\_\_\_\_

Head Instructor \_\_\_\_\_

