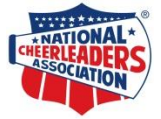




2018-19



# 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> , 2019.

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.

All applicants will be contacted regarding a personal interview.

**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 \_\_\_\_\_

**Office Use Only:**

Camp \_\_\_\_\_

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

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

## 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.

