



# SHAPE Art Instructor Application

If you are interested in instructing or facilitating a class or workshop, download or print the application, fill it out both sides, and submit by mail or email. Teaching experience is preferred or knowledgeable experience in the subject. SHAPE provides location, promotion and most materials needed. to conduct a class or workshop.

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_/\_\_\_\_/\_\_\_\_ Email: \_\_\_\_\_

Instructor Experience: \_\_\_\_\_

\_\_\_\_\_

Class Title: \_\_\_\_\_

Course Content/Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Expected fee per class for instructor: \_\_\_\_\_

*SHAPE policy is to split profits 50/50 with instructor; this does not include materials fees*

Suggested material fee per student: \_\_\_\_\_

*Materials fee's are generally for items provided by the instructor.*

Please indicate if materials fee is to be built into advertised price: Y / N

Specify Appropriate Age Level(s):

Children: \_\_\_\_\_

Teens: \_\_\_\_\_

Adults: \_\_\_\_\_

Size:

Minimum number of students: \_\_\_\_\_

Maximum number of students: \_\_\_\_\_

Dates & Times:

Number of Sessions: \_\_\_\_\_ (one session would be described as a "workshop")

Date(s) of, and Day(s) of week: \_\_\_\_\_

Start time: \_\_\_\_\_ / per session

End datetime: \_\_\_\_\_ / per session

No. of weeks: \_\_\_\_\_

**List Materials Needed:**

*Indicate if items are provided by SHAPE, Provided by instructor and/or Provided by student*

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**Indicate Equipment Needed:**

*Tables, chairs, easels, etc. to be provided by SHAPE*

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**Provide Any Additional Information:**

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All classes and workshops will be advertised on SHAPE’s website, Facebook page and to media outlets. As the instructor you welcome to promote the class as you like.

Classes and workshops are held at the gallery unless other arrangements are made by instructor and approved by the SHAPE board of directors.

Please send this application to:

**SHAPE Gallery**  
**Attn: Education Coordinator**  
**P.O. Box 4**  
**Shippensburg, PA 17257**

Or email completed file or scan to:

**classes@shapeart.org**

Once your application is reviewed, you will be contacted by our education coordinator for details and to finalize the class or workshop.

Thank you! We looks forward to you helping SHAPE’s edcucation programs.