

Application for Student Leader Program

Full Name	
Age:	Current BCDR Level:
Cell Phone Number:	Email:
Name of teachers assisted during	ng current season (if applicable):
1. How many years have you s	tudied dance and where?
2. What genre do you enjoy mo	ost?
3. List the characteristics you had o you want to join this progra	nave that would make you a good student leader and why m?
4. How well do you work with	younger children?
5. List three (non-family) refer	ences (ex. Former teacher, boss, employer, etc.):