



Apprentice Program 2017: Application Form

Date: _____ First Name(s): _____

Last Name: _____ Birthday (MM / DD / YY): _____

Address: _____ Town, Province: _____

Grade / University Year: _____ Email: _____

Home Telephone: _____ Cell Phone: _____

Signature: _____

Parent / Guardian 1 (for applicants 18 yrs and younger): _____

Cell Phone: _____ Email: _____

Signature: _____

Parent / Guardian 2 (for applicants 18 yrs and younger—Optional): _____

Cell Phone: _____ Email: _____

Signature: _____

Citizenship: Canadian Permanent resident (as defined by Citizenship and Immigration Canada)

Other, please specify (and list any dual-citizenships): _____

Languages: English French Other, please specify: _____



Disability: Check this box if you identify as a person with a disability. Please specify: _____

I am (Check all that apply):

- Motivated to further the development of my artistry in a professional context
- Considering a career in the dance industry
- Aspiring to a paid contract with SQx following completion of this Apprenticeship Program

I would also like to Apprenticeship with SQx because (please list 2 reasons):

1) _____

2) _____

I struggle with (please explicate 2 challenges in your life):

1) _____



2) _____

Allergies: _____

Name of Current or Most Recent Training Program or Dance School: _____

Other Important Information: _____

I have:

- Paid my application fee: <https://sqxdance.org/event/app-application-fee/>
- Attached my transcript

This is my video link: _____

PLEASE SUBMIT TO SQx (camrr@icloud.com) by THURSDAY, DECEMBER 1, 2016