



SHAKEFEST:

Summer Shakespeare Institute for Teachers
Application Form 2008

APPLICANT INFORMATION

Name: _____

Permanent Address: _____

City: _____ State: _____ Zip Code: _____

Home phone: _____ Email: _____

SCHOOL INFORMATION

Name of School: _____

School Address: _____

City: _____ State: _____ Zip Code: _____

Work phone: _____ Work Email: _____

Which of the following best describes your educational institution? (circle one)

College

Public School

Private School

Home School

Other

If other, please specify: _____

What grade levels do you teach? _____ What subjects? _____

How many years have you been teaching? _____

How long have you been teaching Shakespeare? _____

ADDITIONAL INFORMATION

Are you seeking Professional Development hours through the New Jersey Department of Education? Yes No

Who will be paying for your ShakeFest tuition? you your school your board of education

In addition to this application form, please include:

- a one-page letter of intent, stating your reasons for applying to this program
- two letters of recommendation; at least one must be from a school administrator/supervisor (if applicable)

Please send this completed form and all support materials, with a **\$25** application/registration fee (or purchase order), to:

ShakeFest Applications
The Shakespeare Theatre of New Jersey
36 Madison Avenue
Madison, NJ 07940

or fax to 973-408-3361

Application deadline: June 27, 2008