For Office Use Only

Application Received

Action \_\_\_\_



# **APPLICATION** - Teacher Training Program and Provisional Interval

Name				Date
Telephone		Wor	rk Telephone	Cell
E-mail				
Current Address				
PermanentAddress				
Date of Birth				
U.S. Citizen (circle)	Yes	No		
Marital Status: M	S	D (Circle)	Number of Childrer	1:
Date you would like	to be	gin the trair	ning program	
Do you plan to liv	e in tl	he Los Ang	eles area for the fu	II three years of the training program?
If not, please elabor	rate:			



How long have you studied the Alexander Technique?
How many private lessons have you had? Frequency?
List the name(s) of your Alexander teacher(s), location, AmSAT, AmSAT Affiliate or ATI:
1
2
3
4
EXPERIENCE WITH THE ALEXANDER TECHNIQUE
Have you had any group lessons?If so, how many?
Reasons for studying the Alexander Technique:
Have you ever had or do you now have any physical disabilities or health problems? If so, please

describe:



#### INTEREST IN TEACHING THE ALEXANDER TECHNIQUE

Describe your interest in becoming an Alexander Technique teacher (if you need further space, please attach a separate sheet to the application):

#### **EDUCATION**

Please give a resume of your educational background including any postsecondary education, professional certificates, study or training:

### **PROFESSIONAL EXPERIENCE**

Please list your past and present employment experience:

### **GENERAL INFORMATION**

Please list your other interests, hobbies, and other pertinent information:



## **APPLICATION PROCEDURE**

Applicants are required to visit the school during class hours for at least one day prior to beginning training.

Please send a copy of the Application Form, a copy of your high school diploma or equivalent, and a photo (if we have not met you) to <u>Admissions@ATI-LA.com</u>. Please have your present, or most recent, Alexander teacher write a letter of recommendation and email it to <u>Admissions@ATI-LA.com</u> directly.

The \$100 application fee can be paid through

- 1. Zellepay at Bank of America ID <u>billing@ati-la.com</u>, or
- 2. Check paid to ATI-LA and sent to PO Box 6264, Ventura, CA 93006
- 3. Credit Card: Please contact us at billing@ati-la.com

Applicant Signature

Date

Thank you for your interest!