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SUITE 300  
WASHINGTON, DC 20036  
202.347.3909  
202.833.2686 (FAX)

CITYDANCE CENTER  
AT STRATHMORE  
5301 TUCKERMAN LANE  
N. BETHESDA, MD 20852  
301.581.5204  
301.581.5202 (FAX)

CITYDANCE/MADEIRA  
8328 GEORGETOWN PIKE  
MCLEAN, VIRGINIA 22102

## CityDance Center Work-study Application

**To apply: Send this form, your resume, and three references to Katy Dolan, CityDance Center at Strathmore, 5301 Tuckerman Lane, N. Bethesda, MD 20852; fax to 301.581.5202; or email [katy@citydance.net](mailto:katy@citydance.net)**

Name: \_\_\_\_\_ Phone: (Home) \_\_\_\_\_

Email: \_\_\_\_\_ (Work) \_\_\_\_\_

Address: \_\_\_\_\_ (Cell) \_\_\_\_\_

(street)

\_\_\_\_\_  
(city)

\_\_\_\_\_  
(state)

\_\_\_\_\_  
(zip)

Are you a student at CityDance? \_\_\_\_\_ If yes, since when? \_\_\_\_\_

Dance Training: \_\_\_\_\_  
\_\_\_\_\_

Please list times you are available, as well as any time limitations:  
\_\_\_\_\_  
\_\_\_\_\_

Why do you want to join the CityDance Work-study staff?  
\_\_\_\_\_  
\_\_\_\_\_

Are you willing to commit to CityDance for a full year? \_\_\_\_\_

References: List three persons, not related to you, that could be used as character references.

NAME	RELATIONSHIP	PHONE
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

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