

# Apprentice Teen Arts Council



# ATAC

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

Full Name: \_\_\_\_\_  
Last

\_\_\_\_\_ First M.I.

Address: \_\_\_\_\_  
Street Address

\_\_\_\_\_ City State Zip

Age: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

High School: \_\_\_\_\_

Please answer the following questions on a separate sheet of paper:

Why do you want to be a member of the TAAC?

If selected to be a member of the Arts Council, what are three ideas you would like to see accomplished.

Are you willing to make the time commitment?

Who are three artists, musicians, writers, dancers, social leaders or thinker that have influenced you? How have they influenced you?

Include with your application two letters of recommendation. Recommendation #1 should be written by one of your peers. Recommendation #2 should be written by an adult that you have worked with in a classroom, office, or any other working environment. Please list these individuals below.

Individual #1 \_\_\_\_\_ Relationship \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Individual #2 \_\_\_\_\_ Relationship \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Please sign your application

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

Parent's Name: \_\_\_\_\_

Parent's Work or Cell Phone: \_\_\_\_\_

Return this application to: Teen Council, Alamance County Arts Council,  
213 South Main St. Graham, NC 27253

If you have questions regarding this process, please contact Jessica Warren, Education  
Coordinator at 336)226-4495 or by email-jessicawarren@artsalamance.com