



Arts Academy Summer Session

East Central University

Ada, Oklahoma

Bill Anoatubby
Governor

FACULTY APPLICATION

(check all that apply)

Instructor Counselor Assistant Office Staff

Please print legibly

Contact Information:

Name: _____
First Middle Last Suffix Maiden

Address: _____
Street/Apt. or P.O. Box City State ZIP

Birth date: _____

IF PRESENT ADDRESS IS UNDER TWO YEARS, LIST PREVIOUS ADDRESS:

Address: _____
Street/Apt. or P.O. Box City State ZIP

Home phone: _____ Cell: _____

Email: _____

Affiliation: (check all that apply)

Chickasaw Chickasaw family CN employee ECU employee
 Other tribe: _____ Non-Native

EDUCATION:

Highest degree obtained: _____ Field: _____

School/college/university: _____

Previous work experience and or certifications that you feel qualify you for this position:



FACULTY APPLICATION

Age levels you are interested in working with: (check all that apply)

8-12 12-15 15-18

Disciplines you are interested in teaching: (check all that apply)

2-D art 3-D art Creative writing Dance Music composition Photography
 Textiles Theatre production Theatre tech Video production Vocal music

Please provide three references:

1. Name: _____ Phone: _____
Address: _____ Relationship: _____
2. Name: _____ Phone: _____
Address: _____ Relationship: _____
3. Name: _____ Phone: _____
Address: _____ Relationship: _____

I understand that all academy applicants are subject to a drug screening and background check (paid for by the Chickasaw Nation). I certify that all information supplied by me is correct.

SIGNATURE: _____

DATE: _____

Please submit your resume and completed application by March 1st:

Email to: artsacademy@chickasaw.net

(or)

Mail to:

The Chickasaw Nation
Arts and Humanities Division
ATTN: Chickasaw Arts Academy – Summer Session
Post Office Box 1548
Ada, OK 74820