

**WOU/MEL BROWN SUMMER JAZZ WORKSHOP  
COUNSELOR/T.A. APPLICATION**

Return this application to: Mel Brown Summer Jazz Workshop, Music Department, Western Oregon University, 345 N Monmouth Ave, Monmouth, OR 97361 or Email a PDF to melbrownworkshop@wou.edu. **Applications will be accepted until June 1<sup>st</sup>, 2018.** Returning counselor applicants only need to send the info page, the essay section is required for first time applicants.

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Email \_\_\_\_\_

Phone# \_\_\_\_\_ Gender \_\_\_\_\_ Age \_\_\_\_\_

Driver's License # & State \_\_\_\_\_ Is it valid? \_\_\_\_\_

Instrument(s) you play \_\_\_\_\_

EDUCATION (Present Standing): Freshman    Sophomore    Junior    Senior    Graduate

Major \_\_\_\_\_ Minor \_\_\_\_\_ Anticipated Graduation: Month \_\_\_\_\_ Year \_\_\_\_\_

Institution where you are a student: \_\_\_\_\_

PLEASE RESPOND TO THE FOLLOWING QUESTIONS on a separate sheet of paper. Please type.

1. Why do you feel that you would be an effective workshop counselor/T.A.?
2. List and describe experiences that you have had that are related to this position.
3. What qualities do you possess that would contribute to your success in the counselor/T.A. position?
4. Please describe your previous and current work experiences.

*Applicants are encouraged to submit recordings, resumes, or other additional material displaying musical abilities.*

REFERENCES: Please list three references, not including relatives or roommates. It would be to your benefit to list at least one previous employer. Reference checks will be made.

NAME	RELATIONSHIP	PHONE NUMBER
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Mailing Address

\_\_\_\_\_

Mailing Address

\_\_\_\_\_

Mailing Address

To the best of my knowledge, the information above is true and correct. Falsification of statements will disqualify me as an applicant and will result in immediate dismissal, if hired.

Signature

Date of application