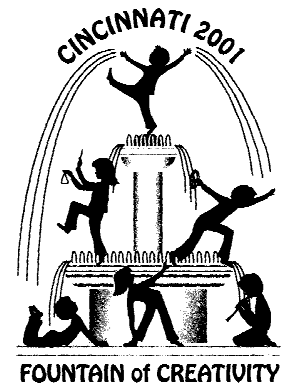


Greater Cincinnati AOSA Chapter

Music and Movement Education

Greater Cincinnati AOSA Assistance Fund
AOSA Professional Development Conference

Christina Reardon, chairperson
365 Ingram Rd. ♦ Cincinnati, OH 45218 ♦ (937) 271-8518
GCCAOSAscholarships@gmail.com



GUIDELINES AND POLICY FOR APPLICANTS

The Greater Cincinnati AOSA Assistance Fund provides financial aid to persons who are interested in furthering the growth of Orff Schulwerk. These persons must need financial aid to further their education in Orff Schulwerk.

- The funds must be used to cover the cost of registration at AOSA Professional Development Conference.
- The applicant must show personal financial need.
- In addition, \$500 of other expenses (housing, travel, food) will also be covered
- The applicant must be a current member, in good standing, of AOSA and the Greater Cincinnati chapter.

Background:

The Greater Cincinnati AOSA Assistance Fund was established by the Greater Cincinnati AOSA Chapter to offer financial assistance to members of the chapter who wish to further their education related to the Schulwerk. It is reserved for uses and benefits associated with Orff Schulwerk.

Application Procedure:

All necessary pages and forms must be typed or written neatly, completed and returned to the scholarship committee chairperson no later than July 1 of any given year. The pages and forms include:

1. Personal Information - see attached

You may include an attached one-page resume in lieu of the professional experience and education section.

2. Description of intention to attend AOSA National Conference (1-2 pages)

Please describe the nature and purpose of your intended use of the requested funds, as well as its immediate and subsequent value to you and to AOSA. Make your statement as complete and concise as possible to help the committee in its evaluation of your request.

3. Agreement - see attached, sign and return with application

4. Financial Statement - see attached

5. Three reference letters which include the following topics:

(Give a copy of reference page to each person who is to write a letter for you. Letters should be sent directly to the scholarship committee chairperson.)

- (a) Knowledge of subject matter and teaching ability
- (b) Relationships i.e. supervisors, colleagues, students
- (c) Work ethic- industry, follow through, responsibility

6. The committee will inform the applicant of its decision by August 31 of the same year. If the proposal is funded it is understood that the conference will be attended by December 31 of that year. If unforeseen circumstances prevent the awardee from using the granted funds within the allotted time frame, the awardee is asked to return the funds to the Greater Cincinnati AOSA chapter.

7. If funded, a check will be sent to the individual by September 30. If funds are awarded, attendance verification is required within thirty days after National Conference, sent directly to the scholarship committee chairperson.

8. Receipts for travel and lodging expense reimbursement should be sent within thirty days after National Conference, sent directly to the scholarship committee chairperson.

9. Funds will not be awarded to the same person more than once in three years. If a request has been denied, a person may apply again the following year.

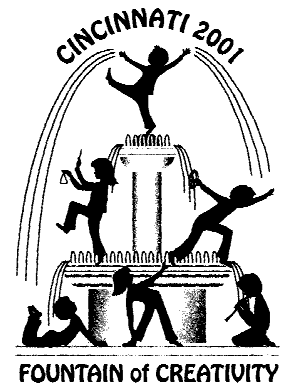
Greater Cincinnati AOSA Chapter

Music and Movement Education

Greater Cincinnati AOSA Assistance Fund – AOSA National Conference

GREATER CINCINNATI AOSA ASSISTANCE FUND APPLICATION – PAGE 1

(Please TYPE or WRITE NEATLY. Only COMPLETE applications will be accepted.)



PART I

NAME _____ DATE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PLACE OF EMPLOYMENT _____

BUSINESS PHONE () _____ HOME PHONE () _____

E-MAIL: _____

PURPOSE OF GRANT: AOSA Professional Development Conference Registration

LOCATION OF CONFERENCE _____

AMOUNT REQUESTED: Registration fee

(an additional amount may be reimbursed for travel and lodging expenses)

Are you an AOSA member? _____

How long have you been a member of AOSA? (student membership may be included)? _____

Are you a member of the Greater Cincinnati AOSA chapter? _____

How long have you been a member of the Greater Cincinnati AOSA chapter? _____

PART II (You may use your own form or resume.)

PROFESSIONAL EXPERIENCE: (List most recent first include job title and dates of employment)

EDUCATION: (List most recent first. Include dates, degrees attained, and specialized Orff teacher training.)

OTHER PROFESSIONAL ACTIVITIES: (Professional Associations, Performing groups, etc.)

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GREATER CINCINNATI AOSA ASSISTANCE FUND APPLICATION – PAGE 2

You may type your own form for this page.

PLEASE DETAIL THE NATURE AND PURPOSE OF YOUR USE OF THE REQUESTED FUNDS AND ITS IMMEDIATE AND SUBSEQUENT VALUE TO YOU AND TO AOSA. (Make your statement as complete and concise as possible to help the committee in its evaluation of your request.)



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GREATER CINCINNATI AOSA ASSISTANCE FUND APPLICATION – PAGE 3

AGREEMENT



If a grant is awarded, I agree to:

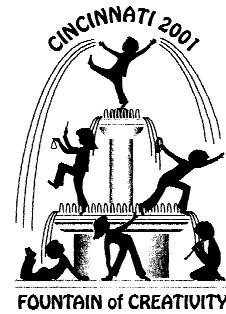
- 1) Send a copy of the registration receipt to The Greater Cincinnati AOSA Chapter scholarship chairperson within thirty days of attending National Conference
- 2) Return the funds to the Greater Cincinnati AOSA chapter if unforeseen circumstances prevent me from using the award within the allotted time frame

Signature _____

Date _____

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GREATER CINCINNATI AOSA ASSISTANCE FUND APPLICATION – PAGE 4

FINANCIAL STATEMENT (Information will be held confidential)

NAME: _____ SOCIAL SECURITY #: _____

 PLACE OF EMPLOYMENT: _____ FULL/PART TIME? _____
 (Give percent please)
 ADDRESS _____ CITY: _____ STATE: _____

I. Anticipated Finances of the Assistance Fund Project:

A. Expenses:

Registration.....	\$	
Travel	\$	
Lodging	\$	
Other (please give details)	\$	
TOTAL	\$	

B. Have funds been requested from your school district? Yes No
 Amount granted..... \$ _____

C. Portion of cost from other sources (list below)..... \$ _____

D. Portion of cost you will assume:..... \$ _____

E. Portion of cost requested from The Greater Cincinnati AOSA
 Assistance Fund.(Registration Fee) \$ _____

II. Your annual income:

	<u>Last Year</u>	<u>This Year</u>
A. Wages	\$ _____	\$ _____
B. Dividends	\$ _____	\$ _____
C. Interest	\$ _____	\$ _____
D. Other than A, B, C	\$ _____	\$ _____
E. Non taxable income	\$ _____	\$ _____

III. Spouse's income..... \$ _____ \$ _____
 IV. TOTAL

V. Federal Income tax you paid\$ _____ \$ _____
 VI. Federal Income tax of spouse \$ _____ \$ _____

VII. Number of dependents _____

VIII. A Short statement of any special financial circumstances may be detailed on the back.

Please include copies of the two most recent income tax returns you have filed

These facts are correct to the best of my knowledge.

 Signature Date

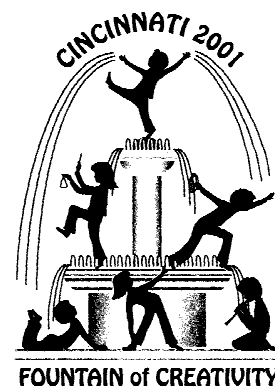
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GREATER CINCINNATI AOSA ASSISTANCE FUND APPLICATION – PAGE 5



Character Reference

NAME OF APPLICANT: _____ DATE: _____

Please comment in your **typed letter** about the following for this person:

- (a) Knowledge of subject matter and teaching ability
- (b) Relationships i.e. supervisors, colleagues, students
- (c) Work ethic - industry, follow through, responsibility
- (d) Please include your Title/Position and a phone number where you can be contacted when signing the letter.

Letters should be sent directly to The Greater Cincinnati AOSA Scholarship Committee Chairperson, postmarked by July 1. Letters may be emailed to the address below.

Christina Reardon, chairperson
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Cincinnati, OH 45218

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