

# Greater Cincinnati AOSA Chapter

Music and Movement Education

## Greater Cincinnati AOSA Jenni Koenemann Memorial Scholarship – AOSA Teacher Education

Anna Calhoun, chairperson  
[GCCAOSAscholarships@gmail.com](mailto:GCCAOSAscholarships@gmail.com)

### GUIDELINES AND POLICY FOR APPLICANTS

The Greater Cincinnati AOSA Jenni Koenemann Memorial Scholarship provides financial aid to persons who are interested in furthering the growth of Orff Schulwerk by taking their Level I Teacher Education Course.

- The funds must be used for training at an AOSA approved Teacher Education Course
- The applicant must show personal financial need.
- The applicant must be a current member, in good standing, of AOSA and the Greater Cincinnati Chapter.

#### Background:

The Greater Cincinnati AOSA Jenni Koenemann Memorial Scholarship 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 in memory of chapter member Jenni Koenemann. It is reserved for uses and benefits associated with Orff Schulwerk and will be awarded to an educator who demonstrates Jenni's passion for sharing it wholeheartedly with others. The scholarship will award one individual with \$750 to cover the cost of a Level I Orff Schulwerk Teacher Education Course at an AOSA approved institution of their choice.

#### Application Procedure:

All necessary pages and forms must be typed or written neatly, completed and returned to the scholarship committee chairperson no later than January 31 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 intended coursework (1-2 pages)**

Please describe the nature and purpose of your intended studies, 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.

3. **Description of how your training can impact others (1-2 pages)**

Please describe how your levels training will have a positive impact not only on your own teaching, but on others as well. Consider the impact on your district, your students, and our AOSA Chapter.

4. **Agreement - see attached, sign and return with application**

5. **Financial Statement - see attached**

6. **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.)

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

The committee will inform the applicant of its decision by April 15 of the same year. If the proposal is funded, it is understood that the training will be completed by December 31 of that year. If the funds cannot be used by that time the committee may grant an extension if a request is made in writing by December 1. If the funds will not be used the following year the awardee is asked to return the funds to the Greater Cincinnati AOSA Chapter.

If funded, a check will be sent to the individual by April 30. If funds are awarded, course verification is required within thirty (30) days after completion of the training. This verification should be sent directly to the scholarship committee chairperson.

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 Jenni Koenemann Memorial Scholarship – AOSA Teacher Education

### GREATER CINCINNATI AOSA JENNI KOENEMANN MEMORIAL SCHOLARSHIP 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: \_\_

\_ LOCATION

AMOUNT REQUESTED:

Are you an AOSA member? \_\_ 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.)

# **Greater Cincinnati AOSA Chapter**

**Music and Movement Education**

**Greater Cincinnati AOSA Jenni Koenemann Memorial Scholarship –  
AOSA Teacher Education**

**GREATER CINCINNATI AOSA JENNI KOENEMANN MEMORIAL SCHOLARSHIP  
APPLICATION – PAGE 2**

You may type your own form for this page.

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

# **Greater Cincinnati AOSA Chapter**

**Music and Movement Education**

## **Greater Cincinnati AOSA Jenni Koenemann Memorial Scholarship – AOSA Teacher Education**

### **GREATER CINCINNATI AOSA JENNI KOENEMANN MEMORIAL SCHOLARSHIP APPLICATION – PAGE 3**

You may type your own form for this page.

PLEASE DETAIL HOW THE COMPLETION OF AOSA TEACHER EDUCATION, LEVEL I WILL POSITIVELY IMPACT THE PEOPLE IN YOUR LIFE. PLEASE CONSIDER THE IMPACT ON YOUR DISTRICT, YOUR STUDENTS, AND OUR CHAPTER. (Make your statement as complete and concise as possible to help the committee in its evaluation of your request.)

# Greater Cincinnati AOSA Chapter

Music and Movement Education

## Greater Cincinnati AOSA Jenni Koenemann Memorial Scholarship – AOSA Teacher Education

**GREATER CINCINNATI AOSA JENNI KONEMANN MEMORIAL SCHOLARSHIP APPLICATION – PAGE 4**

### AGREEMENT

If a grant is awarded, I agree to:

- 1) Send a copy of the course transcript or grade slip to The Greater Cincinnati AOSA Chapter scholarship chairperson within thirty days of the completion of training
- 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

# Greater Cincinnati AOSA Chapter

## Music and Movement Education

**GREATER CINCINNATI AOSA JENNI KONEMANN MEMORIAL SCHOLARSHIP APPLICATION - PAGE 5**

**FINANCIAL STATEMENT** (Information will be held confidential.)

NAME: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_  
 PLACE OF EMPLOYMENT: \_\_\_\_\_ FULL/PART TIME? \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ CITY: \_\_\_\_\_ (Give percent please)  
 STATE: \_\_\_\_\_

**I. Anticipated Finances of the Assistance Fund Project:**

A. Expenses:

Tuition .....	\$	
Materials.....	\$	
Travel .....	\$	
Lodging .....	\$	
Other (please give details) .....	\$	
.....	\$	
<b>TOTAL .....</b>	<b>\$</b>	

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. \$ \_\_\_\_\_

**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

# Greater Cincinnati AOSA Chapter

Music and Movement Education

## Greater Cincinnati AOSA Jenni Koenemann Memorial Scholarship – AOSA Teacher Education

**GREATER CINCINNATI AOSA JENNI KOENEMANN MEMORIAL SCHOLARSHIP APPLICATION – PAGE 6**

### 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 by January 31. Letters may be emailed to address below.

**Anna Calhoun, chairperson**  
[GCCAOSAscholarships@gmail.com](mailto:GCCAOSAscholarships@gmail.com)