

Greater Cincinnati AOSA Chapter

Music and Movement Education

Greater Cincinnati AOSA Assistance Fund – AOSA Teacher Education

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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 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 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 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. 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 March 31 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 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 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.
8. 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.

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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: _

_ 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 Education.)

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 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.)

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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 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

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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? _____
 ADDRESS _____ CITY: _____ (Give percent please)
 STATE: _____

I. Anticipated Finances of the Assistance Fund Project:

A. Expenses:

Tuition	\$	
Materials.....	\$	
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. \$ _____

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

	\$ _____	\$ _____
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V. Federal Income tax you paid

	\$ _____	\$ _____
--	----------	----------

VI. Federal Income tax of spouse

	\$ _____	\$ _____
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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 January 31. Letters may be emailed to address below.

Anna Calhoun, chairperson
GCCAOSAscholarships@gmail.com