



American Orff-Schulwerk Association

Music and Movement Education

P.O. Box 391089

Cleveland, OH 44139-8089

(440) 543-5366

info@aosa.org

www.aosa.org

**American Orff-Schulwerk Association
Barbara Potter Scholarship Fund
Guidelines and Policy for Applicant**

The Barbara Potter Scholarship Fund provides financial aid to AOSA members who are interested in furthering the growth of Orff Schulwerk. These persons must need financial aid to further their education in Orff Schulwerk by attending the Orff Institute in Salzburg, Austria.

- The funds may be used for training at the Orff Institute in Salzburg, Austria
- This is a one time scholarship per recipient.
- The applicant must demonstrate personal need of financial aid for this grant.
- The applicant must be a current member of AOSA and must have been an AOSA member in good standing for one year prior to making application for the grant.
- The applicant must be a citizen of the United States of America OR must have resided in the United States of America for the past five years.
- Candidates must also have completed Level III Orff Schulwerk Training
- Upon receipt of this scholarship, the recipient agrees to write an article for AOSA publications, provide documentation of how the award was used and agree to serve AOSA in a capacity commensurate with their expertise.
- Due to the unique nature of this scholarship, the committee encourages applicants to reapply if their request has been denied.

Background:

The Barbara Potter Scholarship Fund was established by the American Orff-Schulwerk Association to honor Barbara Potter for her passion for study at the Orff Institute in Salzburg, Austria. This scholarship offers financial assistance to members of AOSA who wish to study at the Orff Institute in Salzburg, Austria. It is reserved for uses and benefits associated with Orff Schulwerk.

Application Procedure:

All necessary pages and forms must be typed, completed, postmarked or e-mailed to the office of the Executive Director no later than January 25th of even numbered years. E-mail address info@aosa.org. The pages and forms include:

Personal Information - see below

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

Description of project, 1-2 pages

Please describe the nature and purpose of your study at the Orff Institute, 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.

Agreement - see below, sign and return with application

Financial Statement –Please submit a Financial Statement - see below

Reference Letters Forms

Give a copy of the reference page to three people who are to write a letter for you on your behalf.

Topics should include:

- (a) Relationship to the applicant
- (b) Knowledge of subject matter and teaching ability
- (c) Relationships with supervisors, colleagues, students
- (d) Work ethic: industry, follow-through, responsibility

The committee will inform the applicant of its decision by April 1 of the same year. If the proposal is funded it is understood that the training will be completed within a two year period following the date of the award. If funds are awarded, a follow-up report is required thirty days (30) after completion of the training

Funds

If funded, a check will be sent to the individual by April 30. If the grant is for more than \$599, grantee will receive a 1099-MISC in January of the following year. Grantee is responsible for keeping receipts for expense for their own tax return.

Barbara Potter Scholarship Fund Application

Only typed and complete applications will be reviewed.. Submit **TWO** copies of all documents. One of the copies must have **all personal information deleted** (items denoted by asterisk).

Part I: Basic Information

*Name
*Address
*City
*E-mail

*AOSA Membership #
*Social Security #:
*State *Zip

*Place of Employment
*Business Phone

*Full or Part-time
*Home Phone

*Name of principal
*Address

*Name of principal superintendent
*Address

*Name of other administrator or supervisor (if applicable)
*Address

*Local Media Contact
*Address

Purpose of Grant
*Location of Training or Project
Amount Requested

Please list the percentage of your time each week in the following grade levels:

Preschool/kindergarten
Grades 1-5
Grades 6-9
Other

Are you a citizen of U.S.A.?

If not, please list places and dates of residency for the last five years.

Are you an AOSA member? How long? (Student membership may be included.)

Are you a member of an AOSA local chapter? *Which one? How long?

If not, why?

List any leadership roles you have had with your chapter:

How did you hear about this grant?

Have you completed Level III of the Orff Schulwerk Teacher Training Courses? If so, where?

Part II: Curricula Vita

On one copy, be sure to delete any information that specifically identifies you. (May use own form)

***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.)

Part III: Details Pertaining to this Specific Project

Please detail the nature and purpose of this project and its immediate and subsequent value to you, the low-income group you represent/teach, and to AOSA. Your statement should be complete but as concise as possible to help the committee in its evaluation of your request.

Part IV: Confidential Financial Statement

Please complete if applying for funds for training.

I. Anticipated Finances of the Assistance Fund Project:

A. Total Expenses:

- Tuition
- Materials
- Travel
- Lodging
- Other Please provide details.

B. Portion of cost you will assume:

C. Portion of cost assumed by other sources:
Please provide listing.

D. Portion of cost requested from AOSA:

II. Total Income

- A. Your annual income:**
- | | <u>Last Year</u> | <u>This Year</u> |
|-----------------------|------------------|------------------|
| 1. Wages | | |
| 2. Dividends | | |
| 3. Interest | | |
| 4. Other than A, B, C | | |
| 5. Non taxable income | | |

B. Spouse's income

III. Federal Income tax you paid

IV. Federal Income tax of spouse

V. Number of dependents

VI. Please include a short statement of any special financial circumstances that the Financial Assistance Committee should consider.

VII. Please include copies of the two most recent income tax returns you have filed with all personal and indentifying information removed from one copy.

By submitting this application, you affirm that these facts are correct to the best of your knowledge.

***Full, Legal Name:**

Date of Application:

AOSA Grant Award Agreement

If a grant is awarded, I agree to:

- 1) have my name announced in *Reverberations*, other educational journals, and at the AOSA National Conference.
- 2) send a copy of the course transcript, grade slip if used for study, or verification of project completion to AOSA within twelve months of notification of receiving the grant.
- 3) send a letter of acknowledgment to AOSA summarizing my grant experience along with a photograph of myself at training within thirty (30) days after the completion of the project. This may be printed in *Reverberations* or posted on the AOSA Web site. Send to info@aosa.org.
- 4) If receiving instruments, please include a photo of children with the instruments. Also, include a signed Photo Permission Form.

By submitting this application, you agree to the terms of AOSA grants.

Full, Legal Name:

Date of Application:



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Barbara Potter Scholarship Fund Application
Character Reference

Name of Applicant:

Date:

Please comment in your typed letter about the following for the applicant:

- (a) Your relationship to the applicant
- (b) Knowledge of subject matter and teaching ability
- (c) Relationships with supervisors, colleagues, students
- (d) Work ethic: industry, follow through, responsibility

Please include your Title/Position and a phone number where you can be contacted.

Letters should be sent directly to AOSA Headquarters postmarked by January 25.

AOSA Headquarters
PO Box 391089
Cleveland OH 44139-8089
FAX: 440-543-2687
info@aosa.org