



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
Training and Projects (TAP) Fund
Guidelines and Policy for Applicant**

The Training and Projects (TAP) Fund provides financial aid to AOSA members who are teachers of elementary and junior high school students of low-income populations. The following guidelines have been established to assist applicants who are seeking a TAP (Training and Projects) Fund grant.

- The funds may be used for training, instruments and other special creative projects that are associated with Orff Schulwerk and that will benefit the music education of children.
- Applicant must demonstrate personal financial need if the funds are to be used for training.
- Applicant must present evidence that the proposed training, instruments, or project will benefit a low-income population.
- The applicant must be a current member of AOSA and must have been an AOSA member in good standing for one year prior to grant application review.
- 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.

Background:

AOSA established the Training and Projects (TAP) Fund was established in 1995. Financial assistance for teachers of low-income populations in elementary or junior high school is available through this fund. Grants may be used for, but are not limited to, teacher training, equipment, and outreach activities.

Application Procedure:

All necessary pages and forms must be typed, completed and returned to AOSA Headquarters no later than January 25, 2010. Submit **TWO** copies of all documents. One of the copies must have **all personal information deleted (items denoted by asterisk.)** The e-mail address is: info@aosa.org. The pages and forms include:

Personal Information

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

Project Description, 1-2 pages

Please describe the nature and purpose of this project, and its immediate and subsequent value to you, the low-income population you represent/teach, and to AOSA. Include the name and address of your principal/director and school/sponsoring agency. Make your statement as complete and concise as possible to help the committee in its evaluation of your request. Include a current inventory of your school's equipment.

Agreement

See attached. Return with application.

Financial Statement

If the application is for training, please submit a Financial Statement (See attached.) and copies of the two most recent income tax returns you have filed.

Request for Instruments

Your music classroom's current inventory of general music instruments must be submitted with requests to fund the purchase of equipment.

If requesting instruments, you must complete the *Instrument Request Form*. This form includes

- the list of instruments desired
- the vendor
- the price, including shipping and handling
- the catalogue/order number
- delivery address.

Applications with this information omitted will be considered incomplete and cannot be considered until the information is provided. If request is for a package of instruments, provide individual instrument prices and item # as well as the total package price.

Instruments purchased will become the property of the school, not the teacher requesting the purchase.

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
- (e) Evidence of interest or past experience in working with students of low-income populations. Letters should be sent directly to AOSA Headquarters.

Completion of Project

It is understood that funded training/projects will be completed by December 31. If the funds cannot be used by that time the committee may grant an extension if request is made in writing by January 1. If the funds are awarded, an acknowledgement in the form of a thank you note, a head shot of recipient, and photographs of children playing the new instruments, in the case that monies are used for that purpose, are due to AOSA at info@aosa.org within thirty days of completion. (See Agreement.) If sending photographs of children, a Universal Photo Permission form must accompany the photos. (Attached at end of application.)

Funds

If funded and the grant is for training/project, AOSA will send a check to the individual by April 30. If the grant is for more than \$599, the grantee will receive a 1099-MISC in January of the following year. Grantees are responsible for keeping receipts of expenses for their own tax return. TAP 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.

Grant Award History

2009-3 grants: \$2819 awarded: \$550, \$1282, \$987.
 2008-4 grants, \$6239 awarded: \$1340, \$2023, \$1488, \$1388.
 2007- 5 grants, \$4,825 awarded: \$725.00, \$1,300, \$1,200, \$800.00, \$800.00
 2006-2 grants, \$4,586.54 awarded: \$2,459.56, \$3,559.33
 2005 – 3 grants, \$8,367 awarded: \$3,000, \$2140, \$1227

AOSA TAP 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
*Amount Requested

If the purpose of the grant is for:

*a) training, provide name and address of training institution
b) instruments

- include complete Instrument Request Form
- What percentage of your students are on the federally funded lunch program?

Please submit proof from your school of the percentage.

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?

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:** Last Year This Year
- 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

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 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 (included with this application)

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

Full, Legal Name:

Date of Application:

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**Training and Projects (TAP) Fund
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
- (e) Evidence of interest or past experience in working with low-income populations

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



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Affiliate of the National Association for Music Education: MENC

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Photo Release Form

I, _____

(name),

of _____

_____ (address, city, state, zip) give permission for my child's photograph to appear in AOSA publications and print products. Furthermore, I understand that AOSA uses photos from its publications from time to time to depict music education on its Web site. If this photo is used for that purpose, I grant that permission as well.

Child's Name _____

School _____

Grade _____ Teacher _____

Signature of parent/legal guardian

Date _____

Printed name of parent/legal guardian

E-mail address

Phone

For Office Use Only

Photo appeared in
Publication _____

Page _____

Position _____