

**INLAND COUNTIES CHAPTER
AMERICA ORFF-SCHULWERK ASSOCIATION
APPLICATION FOR LEVELS TRAINING SCHOLARSHIP**

Scholarships awarded are: \$400 for Chapter Members and \$200 for Institutional Members.

(Due no later March 1, 2018)

Name _____ Date _____

Address _____ City _____ State _____ Zip _____

Home Phone (____) _____ Cell Phone (____) _____

School District _____ School _____

Your Position _____

Purpose of scholarship (e.g., Level II) _____

Date and Place of Training _____

Name and Address of **Institution** you plan to attend:

Send completed application to:

Treasurer ICCAOSA
P.O. Box 6659
La Quinta, CA. 92248
Or email file attachment to:
iccaosatreasurer@gmail.com

Are you a member of **national AOSA**? _____ How long? _____

Are you a **chapter** member of **ICCAOSA**? _____ How long? _____

Does your school or district have an **institutional** membership in **ICCAOSA**? _____ How long? _____

Orff workshops attended in the 2017-2018 season: (those you attended and/or will attend)

____ September 23, 2017 Joshua Block
____ October 21, 2017 Chapter Sharing
____ March 3, 2018 Paul Cribari

Professional Experience: _____

Education: _____

Other professional activities: _____

Write a paragraph to explain why you seek this scholarship and how it would benefit you and your students.
(attach as a separate sheet)

(continued over)

**INLAND COUNTIES CHAPTER
AMERICAN ORFF-SCHULWERK ASSOCIATION
SCHOLARSHIP AGREEMENT**

If a scholarship is awarded, I agree to:

1. Have my name announced on the ICCAOSA website, Facebook page and at workshops;
2. Send a **copy of the course transcript** to the Treasurer of ICCAOSA within twelve months of notification of receiving the scholarship;
3. Send a **letter of acknowledgement** to the ICCAOSA President summarizing my scholarship experiences within 30 days of completion of the training (this may be printed on the chapter website or Facebook page);
4. Maintain **ICCAOSA membership** (Chapter or District/School) and remain active in the **ICCAOSA workshops** for one year after the training;
5. **Join National AOSA** by September following the training.

6. Be prepared to share something you learned in Levels Training during the Chapter Sharing Workshop in the 2018-2019 school year.

Signature of applicant _____ Date _____

Office Use Only:

Date application received _____ by _____

Signature of Chapter President _____ Date _____