

AOSA National Conference Scholarship Application 2013-2014

Name:		
Street Address:		
Town:	State:	Zip Code:
Phone: Em	ail:	
District you presently teach in:		
Grade Levels Taught: Elementary	Middle	High
Have you ever attended a National Conferen	nce? Yes	No
Are you a new member this year? Yes	No	
Completed Levels: Level I Level II	Level	III Master Classes
Besides Levels, describe any other Orff Scho	ulwerk Traini	ng that you have had.
Check this box to certify that you ha 2013-2014 Season. Keep in mind th	-	-

On a separate piece of paper, please explain why you would like to attend the National Conference. If you wish, you may include any special circumstances that may have created a need for financial assistance. Please keep in mind that scholarship recipients' conference attendance is mandatory, otherwise, the funds must be returned. You may also be asked to submit a chapter sharing proposal to present a 20-minute session to the general membership based on a lesson or lessons seen at the AOSA National Conference.

Please email or mail this form and your explanation <u>no later than October 19, 2013</u> to:

Jennifer Dennett 19 Wallis Street, #4 Beverly, MA 01915

jennellen520@gmail.com