

## Atlanta Area Chapter AOSA Grant Application - 2019

Thank you for applying for the Atlanta Area Chapter Instrument Grant. The Atlanta Area Chapter will award up to three (3) grants in the amount of \$750. The money should be used to purchase student instruments for the school. To be eligible, the applicant must be an active member of the Atlanta Area Chapter AOSA, as well as a member of National AOSA.

### Instructions:

- 1) Streamline your application – keep it as simple as possible.
- 2) Fill out the application completely - incomplete or incorrect applications will not be eligible for consideration.
- 3) Only one application per school will be accepted. All items purchased with grant monies shall remain property of the SCHOOL indicated on the application or the Atlanta Chapter of the American Orff-Schulwerk Association. The grantee does not own the instruments and may not take them if transferring to another school.
- 4) The Atlanta Area Chapter treasurer will place the instrument order and have it sent to your school. Please include all details when completing your order and remember to include shipping and tax (if applicable) in your total amount.
- 5) The applicant assumes responsibility for all expenses and liabilities associated with the project.
- 6) The applicant agrees to allow the Atlanta Area Chapter AOSA to publicize information regarding his or her project once a grant has been awarded.
- 7) Applications must be received by **March 2, 2019** to be considered for the grant.
- 8) Decisions will be announced through email to the applicant.

Mail/email the completed application by 3/2/19 to: Jody Holland, 3052 Normandy Ridge, Lawrenceville, GA 30044; or email a pdf copy to [jodysing2002@yahoo.com](mailto:jodysing2002@yahoo.com); or you may bring it to the March 2nd chapter workshop.

# Atlanta Area Chapter, AOSA Instrument Grant Application - 2019

Name of Applicant \_\_\_\_\_

School/Organization \_\_\_\_\_

County/System \_\_\_\_\_

Home Address \_\_\_\_\_

\_\_\_\_\_

Phone Numbers (Home and School) \_\_\_\_\_

\_\_\_\_\_

Shipping Address \_\_\_\_\_

\_\_\_\_\_

Email Address \_\_\_\_\_

How many years have you been a member of the Atlanta Area Chapter? \_\_\_\_\_

Please list your national AOSA membership identification number \_\_\_\_\_

How many years have you been a member of national AOSA? \_\_\_\_\_

## Project Information

Please give a brief history of your program and its major focus (its mission).

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Give a description of your project and its objectives. What will your project accomplish?

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