

AZ Orff Chapter of the American Orff-Schulwerk Association



**Ralph Nash Memorial Scholarship  
for Orff Levels Training**

*Personal Information:*

Which level do you intend to take? LEVEL I LEVEL II LEVEL III MASTER CLASS

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_

Email: \_\_\_\_\_

Subject and Level you teach or major \_\_\_\_\_ Full or Part Time \_\_\_\_\_

**\*Please also complete the questions and recommendation on the following pages.**

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**Ralph Nash Memorial Scholarship  
for Orff Levels Training  
Agreement**

If a scholarship is awarded, I agree to:

1. Have my name announced in the AZ Orff Process newsletter and/or the Orff Echo, and/or at AZ Orff workshops.
2. Send a copy of my course transcript, grade slip, or verification of completion of the levels course to the AZ Orff President by August 1st of the same year.
3. Send a summary of my experiences in the levels course to the AZ Orff President by August 1st of the same year, which will be printed in the AZ Orff Process Newsletter and may be shared with AZ Orff Membership.
4. Maintain AZ Orff membership and remain active in AZ Orff workshops for one year after the training.

Signature \_\_\_\_\_ Date \_\_\_\_\_

*Questions:*

1. Please tell us what prompted you to take an Orff Schulwerk levels training course.
  
2. Please write a brief statement explaining how you and your students will be positively affected by this training course. How do you anticipate it changing your teaching style?
  
3. Please write a brief statement of your past and present involvement in Orff.
  
4. If you have any special financial need of which you would like to make us aware, please explain. (*New to teaching, single income, unusual family circumstances, etc.*)

5. Please rate your attendance at AZ Orff Workshops.

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<i>I attend workshops infrequently</i>		<i>I often attend workshops</i>		<i>I always attend workshops</i>

6. Please rate your participation during AZ Orff Workshops.

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<i>I sit and do not participate</i>		<i>I participate in some activities</i>		<i>I participate throughout each workshop</i>

7. Have you ever run for or served on the AZ Orff Board?

8. Have you received a Ralph Nash Scholarship in the past?

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Ralph Nash Memorial Scholarship Application  
Character Reference

Date \_\_\_\_\_

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

How long have you known this applicant? \_\_\_\_\_

In what capacity have you known this applicant? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please rate the applicant on a scale of 1—10 in the following areas (10 being the highest).

1. Motivation      1    2    3    4    5    6    7    8    9    10

2. Responsibility    1    2    3    4    5    6    7    8    9    10

Additional comments related to the applicant: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return completed applications by **January 15** to:

**Ralph Nash Memorial Scholarship**  
c/o Melanie Baker  
17188 N. 53rd Drive  
Glendale, AZ 85308