



### Vivian Burgmeier Endowment Application



#### Scholarship Description:

The purpose of this fund is to provide financial assistance for **members of our local chapter** who wish to join the national Orff organization: American Orff-Schulwerk Association.

#### *Personal Information:*

Date: \_\_\_\_\_

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

Address: \_\_\_\_\_, AZ \_\_\_\_\_  
Street City ZIP

Phone Numbers: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email \_\_\_\_\_ @ \_\_\_\_\_

School Name or University \_\_\_\_\_

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

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

1. Please tell us what prompted you to want to join the national organization: American Orff-Schulwerk Association (AOSA)?

2. Please write a brief statement explaining how you and your students will be positively affected by an AOSA membership?

3. If you have a special financial need of which you would like to make us aware, please explain. (*New to teaching, single income, unusual family circumstances etc.*)

4. Please rate your attendance at AZ Orff workshops.

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

5. Please rate your participation during AZ Orff workshops.

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

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

7. Have you received a Vivian Burgmeier scholarship in the past?



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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 March 15** to:

Vivian Burgmeier Scholarship  
c/o Jessica van Oostrom  
2846 E Frye Rd  
Phoenix AZ 85048