

AZ Chapter of the American Orff-Schulwerk Association



**Grace & Ralph Nash Memorial Scholarship for Orff Levels Training
(available to AZ Orff Members)**

Personal Information:

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

Date: _____

Name: _____

Address: _____, AZ _____
Street City ZIP

Phone Numbers: (____) _____ - _____ (____) _____ - _____

Email _____ @ _____

Subject and level you teach or major _____ Full or Part Time _____

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

Grace & 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 the 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 on your past and present involvement in Orff.

4. 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.)*

5. 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>

6. 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>

7. Have you ever run for or served on the AZ Orff Board?
8. Have you received a Nash Scholarship in the past?



**Grace & 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:

Grace & Ralph Nash Memorial Scholarship
c/o Matt Pitts
3002 N. 70th St. Unit 210
Scottsdale, AZ 85251