



**Evergreen Orff Chapter
Application for EOC Scholarship**

___ Levels Training/Other Education/Research OR ___ EOC Workshop Fees Paid for 1 Year

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Summer Contact Information _____

Subject and level you teach _____

Name of Course or Training scholarship money will be used for: _____

Please attach a single typed page with your responses to the following questions:

- 1) How will this training help you as a music educator?
- 2) Please write a brief statement on your vision of your future involvement with the Evergreen Orff Chapter.

If awarded the scholarship, I understand that I will be one of the presenters at the next Chapter Sharing workshop.* I will also submit an article for publication in the fall newsletter.

Signature _____

Please return by March 4, 2019 to:

***Evergreen Orff Chapter
P.O. Box 731461
Puyallup, WA 98373***

*If unforeseen circumstances occur, individuals will be handled on a case by case basis.