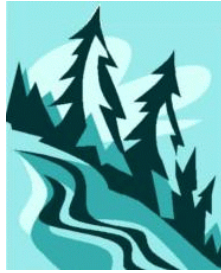


Evergreen Orff Chapter

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 September Chapter Sharing workshop. I will also submit an article for publication in the fall newsletter. (Please note: These are requirements for all Evergreen Orff Chapter scholarship recipients.)

Signature _____

Please return by May 2, 2012 to:

**Charlene Sutton
6341 Rutsatz Road
Deming, WA 98244**