

**Chapter One Assistance Fund Application Form**

To The Applicant:

- 1) Fill out and sign this form. Please type or print clearly.
- 2) Have two persons submit references on the form provided: One person should be able to comment on your work as a teacher (or as a college student). The other may be a person not associated with your professional life.
- 3) Return to: Chapter One Assistance Fund, c/o Alan Purdum, 128 Fairview, Cortland, OH 44410-1426. Applications must be postmarked no later than March 15.

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

Phone (Day): \_\_\_\_\_ Phone (Evening): \_\_\_\_\_

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

Present Teaching Position (If Any): \_\_\_\_\_

Highest Degree Attained (In Music Education): \_\_\_\_\_

Orff-Schulwerk Training Courses Completed: \_\_\_\_\_

Amount Of Award Sought: \_\_\_\_\_

Purpose For Which Award Would Be Used: \_\_\_\_\_

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

Tell Why You Need Assistance To Accomplish This Goal: \_\_\_\_\_

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

Are You Applying For Any Other Assistance? If Yes, Please Explain: \_\_\_\_\_

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

Please Read and Sign:

*I affirm the information given on this form is true. I understand that if I receive an award it shall only be used for the purpose(s) stated herein. I also understand that any award obtained through falsification of facts, or any award not used for its intended purpose must be repaid to the Chapter One Assistance Fund by the recipient.*

Signed, \_\_\_\_\_ Date, \_\_\_\_\_

**Chapter One Assistance Fund Candidate Reference Form**

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

Please comment on the following qualities of the applicant to the best of your ability.

Motivation:

Industry:

Initiative:

Responsibility:

Reasoning Ability:

Completion of Projects and Follow-Through:

Additional Comments Related to Applicant's Qualities:

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

Title/Position: \_\_\_\_\_ Phone: \_\_\_\_\_

Please Return This Form To:

Chapter One Assistance Fund  
c/o Alan Purdum, 128 Fairview  
Cortland, Ohio 44410-1426

**Chapter One Assistance Fund Candidate Reference Form**

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

Please comment on the following qualities of the applicant to the best of your ability.

Motivation:

Industry:

Initiative:

Responsibility:

Reasoning Ability:

Completion of Projects and Follow-Through:

Additional Comments Related to Applicant's Qualities:

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

Title/Position: \_\_\_\_\_ Phone: \_\_\_\_\_

Please Return This Form To:

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