GCAOSA 2018 AOSA Conference Grant Application

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_Zip\_\_\_\_\_\_\_\_\_

Telephone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2-year Member of GCAOSA? \_\_yes \_\_no Member of National AOSA? \_\_yes \_\_no

Current employment\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Number of years teaching\_\_\_\_\_\_

College Education and Degrees\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Specialized training (list special music courses)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Professional Activities and Organizations\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever attended an AOSA Conference? Y/N If yes, when?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will your current employer reimburse you for the registration fee? Yes/ No

Will your current employer reimburse you for any other expenses? Yes/No

Please explain.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please attach a brief statement about yourself and how the conference will enhance your professional growth and development.

Please sign this application indicating that the information you have provided is correct and true.

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Applicant Signature Date of Application

GCAOSA GRANT RULES:

Grants are awarded to GCAOSA members as follows:

1. Must be a member of GCAOSA for at least 2 full consecutive years
2. Member must provide receipts for AOSA Conference expenses.
3. A $500 grant will be awarded at the discretion of the GCAOSA Executive Board
4. All applications are due by **June 1st, 2018**.
5. Recipients write an article for the Chapter Newsletter or present at Chapter Share

Please return completed form to:

Maryann Loda, 714 West Burr Oak Drive, Arlington Heights, IL 60004

Email: mloda@dps109.org