

Oregon Music Teachers Association, Inc.



NELLIE THOLEN ENDOWMENT FUND GRANT

APPLICATION

Name of District _____

Proposed Project For Teacher Improvement. (Districts may apply for only one grant each year.)

Approximate Date For Project (Give time and date if known) _____

Approximate Cost of Project _____

Amount Requested From NTEF (May not exceed 85% of total cost) _____

Have you received a Matching Grant from MTNA for this project? Yes _____ No _____

If you have, please indicate the amount that you were awarded. _____

District President _____

Address _____

Phone _____ Email _____

Keep one copy of each form for your district files. Please apply via U.S. Mail for your grant before the deadline, **July 10th**.

Return to: **Margaret Littlehales**, OMTA Education Chair
19550 Mammoth Dr.
Bend, OR 97702-1985
Phone: (541) 317-9438
E-mail: mrlittlehales@aol.com

Please complete all pages of this form.

WORKSHOP EXPENSE BREAKDOWN

I. Cost for Clinician

A. Fee: _____

B. Expenses: (Guidelines to consider: mileage is to be computed according to government standards. Contact the OMTA Treasurer for this amount. Adjudicators are allowed a per diem expense of \$50.00, for housing and meals. Usually the host district provides lunch, and sometimes housing.)

Travel: _____

Housing & Meals: _____

Materials: _____

Total Clinician Costs: _____

II. Related Expenses

A. Room rental: _____

B. Equipment Expense: _____

C. Other: _____

Total Related Expenses: _____

III. Other Anticipated Expenses (Itemize)

_____: _____

_____: _____

_____: _____

_____: _____

_____: _____

Grand Total Anticipated Expenses: _____

IV. Amount Requested From The Nellie Tholen Endowment: (may not exceed 85%)
