



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 _____

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 _____

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

Jane Smith, OMTA Education Chair

22970 NE Hwy 240

Newberg OR 97132-6860

Phone: 503-538-8848

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Please complete page 2 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: _____

II. Related Expenses

A. Room rental: _____

B. Equipment Expense: _____

C. Other: _____

Total: _____

III. Other Anticipated Expenses

(Itemize)

_____	:	_____
_____	:	_____
_____	:	_____
_____	:	_____
_____	:	_____
_____	:	_____
_____	:	_____
_____	:	_____
_____	:	_____

Grand Total Anticipated Expenses: _____

IV. Amount requested from the Nellie Tholen Endowment:

(may not exceed 85%) _____