



MUSICALYMPIAD™

“Promoting Music Literacy for All Learners”

Grant Application

Name of Organization/ District # _____

Complete address of organization _____

Contact name _____ title _____

Contact phone _____ alternate phone _____

This application is for (check all that apply):

___ Musicalympiad™ music teacher in-service. (please indicate levels/clock hours desired):

___ Level I (1 hour) ___ Level II(2 hours) ___ Level III(3 hours)

If hosting an area or district in-service, how many music teachers do you expect to participate? _____

___ Musicalympiad™ two-day “mini” residency

___ Musicalympiad™ week-long residency

___ Musicalympiad™ two-month extended residency

___ Musicalympiad™ materials (please indicate the number desired):

___ Elementary rhythm sets ___ Intermediate rhythm sets

___ Pitch sets ___ Plain white boards

___ Staff-lined whiteboards

Please answer the following questions about your school or organization if applying for a residency grant or materials grant:

List number of students in each grade expected to participate in the residency:

___ K ___ 1st ___ 2nd ___ 3rd ___ 4th ___ 5th
___ 6th ___ 7th ___ 8th

Percent of students on free or reduced lunch: _____%

Please describe the racial, cultural and ethnic make up of your organization:

Tax ID number of the organization: _____

Signature of contact person: _____
signature date

Name and title of district official/supervisor:

name title

Signature of district official/supervisor:

signature date

Scan and return this application via e-mail to:
info@musicalympiad.com