



OOTFA STATE SCHOLARSHIP FORM

The following is **ARTICLE VII. OOTFA Scholarship Program of OOTFA Standing Rules on Adopted 5-13-23**

Section 2. State Scholarship Funds

Scholarship funds shall be limited to fifty percent (50%) of the instructor's fee. Workshops and instruction must be approved by the scholarship committee. An OOTFA member of any age may apply for a scholarship to cover tuition. Application must be signed by District Chair. Availability of funds is limited to seventy-five percent (75%) of State Scholarship Account in any fiscal year.

Section 3. Workshops and Private Lessons

Preference for Scholarship funding will be given to workshops, including online instruction. The requested amount is limited to approval of Scholarship committee. Districts may also apply to help fund a specific workshop. The purpose is to provide low-cost instruction. It is recommended all workshop students be required to pay a nominal fee to instructor to ensure attendance.

Section 4. Instructor

Instructor and tuition fees are to be approved by the committee. The qualified instructor should teach old time music recognized by OOTFA. Written agreement shall be signed by instructor and the OOTFA State President or designated person. Dates and fees to be stated in agreement.

Please fill out this form and submit to the OOTFA Vice President as listed in the monthly Hoedowner.

APPLICANT:

NAME: _____ DATE: _____

ADDRESS: _____
(mailing) (city) (zip)

EMAIL: _____ PHONE: _____

I AM REQUESTING A SCHOLARSHIP FOR \$ _____ FROM OOTFA.

It will be used for WORKSHOP or INSTRUCTION. Explain the what, when and where of the event.
Name/Description of Event: _____

Date of Event: _____ Location of Event: _____

FEE BEING CHARGED FOR EVENT: \$ _____

APPLICANT'S SIGNATURE _____

DISTRICT:

Has the applicant received Scholarship money from the District in the current year? YES NO

If YES. What was the amount? \$ _____ ; Date paid? _____

Has applicant paid current year dues? YES NO

DISTRICT CHAIR SIGNATURE _____

FOR COMMITTEE USE ONLY: Date Received: _____ Date Vote Completed _____

Committee Decision: GRANTED AMOUNT \$ _____
DENIED Reason for denial _____

SCHOLARSHIP COMMITTEE CHAIR SIGNATURE _____

OOTFA VICE PRESIDENT SIGNATURE: _____

DATE sent to OOTFA STATE TREASURER: _____ DATE CHECK # _____ ISSUED _____