



Area V
American Guild of English Handbell Ringers, Inc.

HANDCHIME GRANT PROJECT
APPLICATION

Application Deadline – June 15th

Educator's Name _____

Home Address _____

City _____ State _____ Zip _____

Home Phone _____ Home E-Mail _____

School Name _____

School Address _____

City _____ State _____ Zip _____

School Phone _____ School E-Mail _____

Please return your completed application to your state's Education Chair (listed below).

Indiana

Linda Cook
North Grove Elementary School
275 Adrienne Drive
Greenwood, IN 46142
317-881-5653 x6216

Kentucky

Joe Edlin
St. Agnes Catholic Church
1920 Newburg Rd.
Louisville, KY 40205
502-451-2220

Michigan

Linda Holzwarth
3638 Arbutus Trail
Portage, MI 49024
269-323-7744

Ohio

Kathy Rupp
412 Erie St.
Bowling Green, OH 43402
419-352-0894

West Virginia

Donna Kinsey
c/o St. Francis de Sales Catholic Church
1 Guthrie Lane
Morgantown, WV 26508
(304) 296-9710

Date Received _____

Grant Approved For _____

In the space below, explain how this learning package will be implemented in your school.

Include the following:

1. SCHEDULE – including length of period(s), number of times per week. If involving more than one class, please list specifics for each class separately.
2. STUDENT POPULATION – specify class(es) size and grade level(s). Please list each class separately. State any specifics such as special needs, general music or other classifications.

In the space below, write a brief statement giving your educational history and experience (including degree). Describe your experience, if any, with handbells or handchimes.

HANDCHIME GRANT PROJECT
For schools and other educational institutions

Consent to Photograph and/or Videotape

I hereby authorize _____ to
(name of facility)

photograph and/or videotape _____
(name of person enrolled)

for the purpose of providing working examples of the use of handchimes for:

1. This facility's training and in-service program
2. Sharing positive program examples in the community
3. Regional and National professional conferences of AGEHR, Inc.
4. Use by other professional educational education organizations

I understand that the consent will be effective from _____ to
(start of Grant)

_____ and can be withdrawn at anytime.
(end of Grant)

_____ Date _____
(signature of participant)

_____ Date _____
(signature of parent/guardian and relationship)

Permission is given to duplicate this form for participants involved in this Grant.

ASSURANCES AND AGREEMENTS

I certify that the statements in this grant application are true, accurate and complete to the best of my knowledge. If selected, I agree to abide by the terms of the grant as detailed. If selected, I agree to accept responsibility for the proper care and maintenance of the grant materials. I will assume responsibility for their safe return or replacement, if damaged. In compliance with AREA V of AGEHR, Inc., and the U.S. copyright laws, I agree not to photocopy any music or printed materials provided me through the Handchime Grant without express written permission.

Educator Applicant Date

Date

Principal/Administrator Date

Date

My signature below indicates my support of the Principal/Administrator and the educator involved in the Handchime Grant project.

Superintendent/District Official Date

Date

Title

Date Reviewed: _____