

**THE ARIZONA STUDY PROGRAM**  
**JANICE McCURNIN**  
**NATIONAL CERTIFICATION GRANT PROGRAM**

**PURPOSE:** to provide fee recovery to Arizona Study Program teachers who have successfully completed the National Certification process.

**APPLICATION REQUIREMENTS:**

- Applicant must be a member of the Arizona State Music Teachers Association.
- Applicant must have at least five (5) students evaluated annually in the Arizona Study Program for a minimum of five (5) of the last seven (7) years including the current year.
- Applicant must be actively teaching at the time of application.
- The amount of the grant will be determined by the actual cost of the certification application and exam fees. In no case is the grant to exceed the MTNA National Certification fee schedule. A candidate is responsible for any extra exam fees incurred in the event an exam must be taken more than once.
- The number of grants awarded in any year will be determined by the number of qualified applicants and the available funds.

**APPLICATION PROCESS:** (application available on line or from your local ASP chairman)

- Fill out the application form
  - Attach a separate sheet listing your participation or offices held in your association
  - Enclose a copy of the letter of MTNA granting your certification.
- Mail to Elaine Dyches, Chairman, ASP Review Committee (see directory for address).  
Application materials must be postmarked no later than March 1 immediately following successful completion of the certification process. Applications postmarked after this date will not be considered. Incomplete applications will not be processed.
- Applicant will be notified when materials have been received by the Arizona Study Program.
- Recipients will be notified no later than May 31; grants will be presented at the State Conference.
- Decisions of the Review Committee are final.



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***APPLICATION FORM***

Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_  
 \_\_\_\_\_

Are you currently teaching? \_\_\_ Yes \_\_\_ No

How long have you been teaching? \_\_\_ Year(s)

Please list the number of students you have had evaluated in the Arizona Study Program in each of the five (5) required years.

<b>Year</b>	<b># of Students</b>
_____	_____
_____	_____
_____	_____
_____	_____

Please enclose a separate sheet listing your participation or offices held in your local association and/or ASMTA.

Date on which you became certified by MTNA \_\_\_\_\_

Application materials must be completed in full and sent to: *Elaine Dyches, Chairman, ASP Review Committee* (see directory for address). Application materials must be postmarked no later than March 1 immediately following successful completion of the certification process. . Application materials postmarked after this date will not be considered. The following materials are required: *Application form; Copy of certification letter(from National); separate sheet listing your participation or offices held in your local association and/or ASMTA.*  
 . Incomplete applications will not be processed.

\_\_\_\_\_  
 Applicant's Signature Date