



# ATHENA

**AnthroMed®**  
EURYTHMY THERAPY

Association for Therapeutic Eurythmy in North America

## 2020-2021 ATHENA GRANT XIX APPLICATION FORM

*With this new timing for the grant we are encouraging projects to be done as early in the school year as possible!*

### Page 1 (to be used for *all* Categories)

To be eligible for these grants ATHENA membership for 2020 must be up-to-date for both the Therapeutic Eurythmist (TE) and school. (\$55 for Full TE or \$65 for AnthroMed TE and \$40 for Affiliate membership for school) If you are not sure about up-to-date membership, please check with Miyoung Schoen at [athena.membership@gmail.com](mailto:athena.membership@gmail.com) or 1-916-844-7389.

Fill out the form in WORD, adjusting the format as you go, or print out the forms (PDF or WORD) and fill in by hand. Write legibly if done by hand. Attach separate sheets if needed.

Email completed application/s to [athenacorrespondence@gmail.com](mailto:athenacorrespondence@gmail.com). Or you can send a hard copy to ATHENA, 4421 Crestridge Rd., Fair Oaks, CA 95628. **Mail-in application must be postmarked by May 25th, 2020!**

#### Grant Applicant:

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(Therapeutic Eurythmist AND Waldorf School applying for Grant)

#### School Name and Contact Person:

#### School Address:

Phone:

Phone Ext.:

Fax:

Email:

#### Therapeutic Eurythmist's Name:

#### Address:

Phone:

Email:

#### Nam of person preparing application:

#### Title and role in the school:

#### Check should be made out to:

(Therapeutic Eurythmist or school)

**Grant amount requested:** Fill in the amount for each of the categories you are applying for at this time.

For Category 1: \$\_\_\_\_\_ For Category 2: \$\_\_\_\_\_ For Category 3: \$\_\_\_\_\_ For Category 4: \_\_\_\_\_

The total amount of grants in all categories applied for right now:

\$\_\_\_\_\_

List below Grant money received from ATHENA in past years, if known.

Years Received

Categories

Amounts

## **ATHENA School Membership for the Year 2020**

This form is specifically for schools. To be eligible for the WEF grants ATHENA membership for 2020 must be up-to-date for the applying school. (\$40 for Affiliate membership for school) If you are not sure about up-to-date membership, please check with Miyoung Schoen at [athena.membership@gmail.com](mailto:athena.membership@gmail.com) or 1-916-844-7389. Therapeutic eurythmists who are applying for the grant on behalf of the school must be a registered member of ATHENA.

School Name \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_  
Phone \_\_\_\_\_ [ ] E-mail \_\_\_\_\_

All members receive ATHENA newsletters published twice a year as well as AHA (Anthroposophic Health Association) enews.

☐ \$ \_\_\_\_\_ **Affiliated membership, \$40/year.** For ALL organizations including Waldorf schools and Camphill. This membership allows eligibility for ATHENA grants used in school setting.

\$ \_\_\_\_\_ *Additional donation for ATHENA*  
\$ \_\_\_\_\_ *Additional donation to Children in Need Fund*  
\$ \_\_\_\_\_ *Additional donation to Therapeutic Eurythmy Emergency Fund*  
\$ \_\_\_\_\_ **TOTAL enclosed --- PLEASE make checks out to ATHENA**  
\$ \_\_\_\_\_ Or PayPal online to [athena.board.treasurer@gmail.com](mailto:athena.board.treasurer@gmail.com)

All membership inquiries to [athena.membership@gmail.com](mailto:athena.membership@gmail.com).

Send to: Miyoung Schoen (c/o ATHENA),  
4421 Crestridge Road,  
Fair Oaks, CA 95628  
(916)844-7389

Thank you for supporting ATHENA!  
[eurythmytherapy.org](http://eurythmytherapy.org)

For schools that are interested in providing therapeutic blocks for students or hosting workshops on therapeutic eurythmy (including child development and faculty/parent workshop) at schools: please contact [athena.membership@gmail.com](mailto:athena.membership@gmail.com). ATHENA will make every effort to make the connection possible using our member resources.

**2020-2021 ATHENA GRANT XIX  
APPLICATION FORM  
(continued)**

(CAT 1)

**CATEGORY 1: EDUCATIONAL WORKSHOPS**

Grant amount requested: \_\_\_\_\_

**Deadline is May 31. Apply early!**

Send to [athenacorrespondence@gmail.com](mailto:athenacorrespondence@gmail.com)

Please give as much specific information as possible.

1. Date, time, location, theme and description of the workshop:
  
  
  
  
  
  
  
  
  
  
2. Who is the anthroposophical doctor who may be a presenter in collaboration with the Therapeutic Eurythmist?
  
  
  
  
  
  
  
  
  
  
3. Who are the expected audience and participants?
  
  
  
  
  
  
  
  
  
  
4. How much will each presenter be paid (Grant covers max \$250/presenter)?
  
  
  
  
  
  
  
  
  
  
5. How are overhead costs to be met?

I, \_\_\_\_\_ Date, \_\_\_\_\_, take responsibility to ensure that funds are used for the agreed upon purpose in the category applied for and that any unused funds are returned to ATHENA before **June 1, 2021. I will submit a report upon completion of this project**, but no later than the June 1, 2021 deadline, to the following Category Project Director and WEF Contact:  
Category Director: **Michael Hughes** [michaelandsheri@gmail.com](mailto:michaelandsheri@gmail.com) (3585 Baldwin Ave. Makawao HI 96768)  
WEF Contact: **Dale Robinson** at [dale1022@sbcglobal.net](mailto:dale1022@sbcglobal.net) (1962 Asilomar Dr. Oakland, CA 94611)

**2020-2021 ATHENA GRANT XIX  
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**(CAT 2)**

**CATEGORY 2: ESSENTIAL THERAPEUTIC EURYTHMY PROGRAM SUPPORT**

Grant amount requested: \_\_\_\_\_

**Deadline is May 31. Apply early!**

Send to [athenacorrespondence@gmail.com](mailto:athenacorrespondence@gmail.com)

Please give as much specific information as possible. Use extra paper when necessary.

**Description of program:**

1. How many years has the school had Therapeutic Eurythmy?
2. How long has the school had Therapeutic Eurythmy in the school budget?
3. What portion of Therapeutic Eurythmy is covered by the school?
4. How many children will participate in your Therapeutic Eurythmy program?
5. How long is a session?
6. How many sessions will be given in a week?
7. How many sessions in a series?
8. What is the charge per child per session?
9. How much will the parents contribute?
10. How much will the school contribute? Is there a line item currently in the school budget for Therapeutic Eurythmy and the amount?
11. What plans does the school have to continue or sustain the expansion of the Therapeutic Eurythmy Program?

I, \_\_\_\_\_ Date, \_\_\_\_\_, **take responsibility** to ensure that funds are used for the agreed upon purpose in the category applied for and that any unused funds are returned to ATHENA before **June 1, 2021**. **I will submit a report upon completion of this project**, but no later than the June 1, 2021 deadline, to the following Category Project Director and WEF Contact:  
**Project Director: Jason Yates** [j.alexander.yates@gmail.com](mailto:j.alexander.yates@gmail.com) (c/o ATHENA 1962 Asilomar Dr., Oakland, CA 94611)  
**WEF Contact: Dale Robinson** at [dale1022@sbcglobal.net](mailto:dale1022@sbcglobal.net) (1962 Asilomar Dr. Oakland, CA 94611),

**2020-2021 ATHENA GRANT XIX  
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(CAT 3)

**CATEGORY 3: MENTORING**

Grant amount requested: \_\_\_\_\_

**Deadline is May 31. Apply early!**

Send to [athenacorrespondence@gmail.com](mailto:athenacorrespondence@gmail.com)

Please give as much specific information as possible.

- 1) Name of Therapeutic Eurythmist who is being mentored?
- 2) Name of Therapeutic Eurythmist who is the mentor? (must be an ATHENA member)
- 3) Dates set for mentoring to take place:
- 4) Location of mentoring? At recipient's school? At mentor's school or place of work?
- 5) Agreed upon fee:
- 6) Estimated costs of travel:
- 7) Overnight accommodations needed to be covered by the school?
- 8) Contribution/s of school?

I, \_\_\_\_\_ Date, \_\_\_\_\_, **take responsibility** to ensure that funds are used for the agreed upon purpose in the category applied for and that any unused funds are returned to ATHENA before **June 1, 2021**. I will submit a report, as outlined in the Category Descriptions & Details section of the grant, within four weeks of the completion of mentoring, but no later than the June 1, 2021 deadline, to the following Category Project Director and WEF Contact:  
Project Director: **Nancy McMahon** [ncymcmahon@hotmail.com](mailto:ncymcmahon@hotmail.com) (7101 Spicer Dr. Fair Oaks, CA. 95628)  
WEF Contact: Dale Robinson, [dale1022@sbcglobal.net](mailto:dale1022@sbcglobal.net) (1962 Asilomar Dr. Oakland, CA 94611),

**2020-2021 ATHENA GRANT XIX  
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**(CAT 4)**

**CATEGORY 4: PROFESSIONAL DEVELOPMENT**

*(TEs independent of school affiliation can apply directly by contacting Project Directors.)*

**Send along with Page 1 of Application Form to one of the Project Directors:**

Mary Ruud [livingartseurythmy@gmail.com](mailto:livingartseurythmy@gmail.com)  
Jolanda Frischknecht [jolandamf44@gmail.com](mailto:jolandamf44@gmail.com)

Please give as much specific information as possible.

- 1) Therapeutic Eurythmist's name, address and email:
  
- 2) ATHENA sponsored Event for which the grant is being requested; with dates:
  
- 3) Means of travel. If flight: origination / destination?
  
- 4) Travel costs?
  
- 5) Other costs requested?
  
- 6) Total amount requested for the grant?
  
- 7) Has your school or place of work been asked to contribute to any of your costs? Please specify type and amount.
  
- 8) Please specify what other financial help you might be receiving for this event.

I, \_\_\_\_\_, Date, \_\_\_\_\_, will submit to  
one of the Category Directors, Mary Ruud [livingartseurythmy@gmail.com](mailto:livingartseurythmy@gmail.com) or  
Jolanda Frischknecht [jolandamf44@gmail.com](mailto:jolandamf44@gmail.com)

- 1) copies of travel receipts,
- 2) a copy of the event registration receipt and
- 3) **a written Report** for the ATHENA newsletter on highlights or content aspects of the event **to the Category Project Director postmarked or emailed by October 1, 2020 or 2021, depending on the year of the event.**