



ATHENA

Association for Therapeutic Eurythmy in North America

AnthroMed®
EURYTHMY THERAPY

2020-2021 ATHENA GRANT XIX

REPORT FORM FOR CATEGORIES 1 AND 2

(Please use one form for each category.)

You are required to complete and return this report form upon completion of your project. Please be prompt! This report will be used to document the project for which your Grant was received and to report to the funding source for this grant. The deadline for all projects is June 1, 2021!

Grant Applicant:

(Therapeutic Eurythmist or Waldorf School applying for Grant)

School Name and Contact Person:

School Address:

Phone:

Phone Ext.:

Fax:

Email:

Therapeutic Eurythmist's Name:

Address:

Phone:

Email:

Category: _____ Amount received:

Date received:

1. Please report how you expended the grant to begin or further your Therapeutic Eurythmy program with a breakdown of the use of funds.

2. How did the grant change or improve your program? Include any successes or hindrances encountered.

3. What have you learned from this project and what difference did this grant make to the execution of your project?
~for you as the grantee;
~for your school;
~for your community;
~to the goals you are addressing through your project;

Report Form for Categories 1 and 2

(Continued)

4. Were there any unanticipated results, either positive or negative?

5. What are the future plans for your Therapeutic Eurythmy program?

~Next year?

~In five years?

~What funding have you planned for your Therapeutic Eurythmy program?

6. For Category 1, Educational Workshops, *include below.*

The Date Time # of Participants Theme and Content of presentation

Documents to be included for the relevant project:

For Category 1:

~announcement of workshop;

~a document using ATHENA's name to communicate the project;

~any quotes from parents, teachers or students that express the quality of your program and the beneficial results from this project;

~any other information that you think is relevant and helpful to show our granting agency the value of the outcomes of these grants.

For Category 2, Essential TE Support, submit at least one student report (names redacted).

Submitted by _____ **Date** _____

(Name printed, if hand written) _____

Please email/send Report to your specific category director(s) and to our WEF Contact, Dale Robinson, upon completion of the project before the June 1, 2021 deadline.

Category 1,

Educational Workshops:

Michael Hughes michaelandsheri@gmail.com

3585 Baldwin Ave. Makawao HI 96768

Category 2,

Essential Therapeutic Eurythmy Program Support:

Jason Yates j.alexander.yates@gmail.com

c/o ATHENA 1962 Asilomar Dr., Oakland, CA 94611

WEF Contact:

Dale Robinson dale1022@sbcglobal.net

c/o ATHENA 1962 Asilomar Dr. Oakland, CA 94611