ATHENA

Association for Therapeutic Eurythmy in North America

ATHENA 2026-2027 GRANT XXIV APPLICATION FORM

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

To be eligible for these grants, ATHENA membership for 2026 must be up-to-date for both the Therapeutic Eurythmist (TE) and school ($70 for Full TE and $50 for School). If you are unsure about up-to-date membership, please check with the membership secretary at athena.membership@gmail.com.

Email your application early. The deadline for applications is June 1st, 2026!

Completed applications must be sent to the corresponding project director. (Preferably by email. For posted mail, you will find his or her address on the respective page 2):

Category 1-Educational Workshops: Raven Garland, ravengarland@gmail.com

Category 2- Program Support: Barbara Bresette-Mills, bjbres@gmail.com

Category 3- Mentoring: Tiffany Russey, tarussey@protonmail.com

Category 4- Professional Development: Andrea Preiss, sound-movement@hotmail.com

* **Required fields**

[Grant Applicant: Therapeutic Eurythmist AND Waldorf School applying for Grant]

*** Therapeutic Eurythmist's Name:**

*** Current Full Member of ATHENA? [Yes / No] (Indicate Yes if you have paid the dues this year)**

***Address:**

***Email:**

Phone:

***School Name and Contact Person:**

***School Address:**

***Email**:

Phone: **Phone Ext.:** **Fax**:

***Name of person preparing the 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 category you are applying for now.
*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 the grant money received from ATHENA in past years, if it is known.

Years Received	Categories	Amounts

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CATEGORY 1: EDUCATIONAL WORKSHOPS

*Grant amount requested:

Application Deadline is June 1, 2026. Apply early!

Send along with Page 1 of this Application Form to Project Director: (By email is preferred.)

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 a max of $250/presenter)?

5. How are overhead costs to be met?

***I**,_____Date, _____, take responsibility for ensuring that funds are used for the agreed-upon purpose in the category applied for and that any unused funds are returned to ATHENA by **June 1, 2027**. I will submit a report upon completion of this project, but no later than June 1, 2026, to the following Category Project Director and WEF Contact:

Project Director: **Raven Garland ravengarland@gmail.com** (507 N. Court Street, Fairfield, IA 52556)
WEF Contact: **Julian Shu-Yen Liu** at athena.board.treasurer@gmail.com (105 W. Clay Creek Ln, Kennett Square, PA 19348)

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CATEGORY 2: ESSENTIAL THERAPEUTIC EURYTHMY PROGRAM SUPPORT

*Grant amount requested: _____
Application Deadline is June 1, 2026. Apply early!

Send along with Page 1 of the Application Form to the Project Director. Barbara Bresette-Mills bjbres@gmail.com or 1315 Cornell Rd., Muskegon MI 49441

Please give as much specific information as possible.

Description of the 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 by **June 1, 2027**. I **will submit a report** upon completion of this project, but no later than **June 1, 2027**, to the following Category Project Director and WEF Contact:
Project Director: Barbara Bresette-Mills bjbres@gmail.com (1315 Cornell Rd., Muskegon MI 49441)

WEF Contact: **Julian Shu-Yen Liu** at athena.board.treasurer@gmail.com (105 W. Clay Creek Ln, Kennett

Square, PA 19348)

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CATEGORY 3: MENTORING

*Grant amount requested: _____
Application Deadline is June 1, 2026. Apply early!

Send the following along with Page 1 of the Application Form to the Project Director: (By email is preferred.)
Tiffany Russey, tarussey@protonmail.com (132 2nd Ave, San Francisco, CA94118)

Please give as much specific information as possible.

1) What is the name of the 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 the recipient's school? At the 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 by **June 1, 2027**. 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 June 1, 2027, to the following Category Project Director and WEF Contact:
Project Director: Tiffany Russey, tarussey@protonmail.com (132 2nd Ave, San Francisco, CA94118)
WEF Contact: **Julian Shu-Yen Liu** at athena.board.treasurer@gmail.com (105 W. Clay Creek Ln, Kennett Square, PA 19348)

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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 the Project Director: Andrea Preiss sound-movement@hotmail.com (322 View Haven Road, Eastsound, WA 98245

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 the Category Project Director: Andrea Preiss sound-movement@hotmail.com (322 View Haven Road, Eastbound, WA 98245) the following:

copies of travel receipts,
a copy of the event registration receipt and
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, 2027.**