

**Student/Faculty/Staff
Research/Development/Travel Grant Form**

MIDAMERICAN CENTER FOR CONTEMPORARY MUSIC
COLLEGE OF MUSICAL ARTS • BOWLING GREEN STATE UNIVERSITY

1. Name _____

2. Department _____

3. Project Title _____

4. Amount requested from MACCM \$ _____

Amount contributed by others \$ _____

TOTAL PROJECT EXPENSES \$ _____

5. Checklist of required materials

_____ Completed application

_____ Supportive materials (resumes, recordings, invitations, brochures, etc.)

6. Applicant's signature _____

Date _____

*** We encourage all students applying for grants to share a draft with the Director of MACCM to proof before final submission.

*** Student applications must also include a brief letter or email of support from a faculty member acknowledging their awareness and support of said project.

<i>REQUIRED MATERIALS</i>

1. Describe the project for which funding is requested. If you are applying for travel money, state the significance of the event you would like to attend.

2. How does this project directly relate to the MidAmerican Center for Contemporary Music?

3. Describe the objectives of the project and its benefits to yourself, students, colleagues and the University.

4. Outline the procedures for completing this project, including persons involved, materials needed, etc. Include also a timetable with specific dates.

5. *Please email any supportive materials related to your request (letters of invitation, programs, etc.) to MACCM Director Kurt Doles (kdoles@bgsu.edu).*

PROJECT INCOME

	Amount	Confirmed	Anticipated
a. BGSU			
MACCM (this request) _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
University _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
College _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Department _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
 b. External			
Grants _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Contributions _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
c. Personal _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
d. Other _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

TOTAL PROJECT INCOME: _____

Click the BIG
RED BUTTON
to SUBMIT

N.B. PROJECT INCOME SHOULD EQUAL PROJECT EXPENSES.
APPLICANTS MUST SUBMIT ALL ORIGINAL RECEIPTS
TO SECURE REIMBURSEMENT.