Medici Circle Student Grant Application Form
This form must be completed in full and typewritten.

Name:___________________________________________________________________
Local Address:___________________________________________________________________
Email:___________________________________________________________________
Telephone Number:___________________________________________________________________
Rank- Please circle:    Fr.    Soph.     Jr.      Sr.       Major
___________________________________________________________________

Please circle type of grant:       Individual (A)             Student Organization (B)

PLEASE NOTE: If students are seeking funding to attend a conference or a field trip as a group of 3 or more students, please apply for funding as a student organization. See section B.

Name of event or project:___________________________________________________________________
Date of event:___________________________________________________________________
Total amount requesting:___________________________________________________________________
Total cost of event:___________________________________________________________________

A) Individual Grant

Please circle appropriate event:    Visiting Artist Conference
Workshop Field trip

<table>
<thead>
<tr>
<th>Itemize funds being requested:</th>
<th>Amount:</th>
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<tbody>
<tr>
<td>Registration</td>
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<tr>
<td>Lodging</td>
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<tr>
<td>Admission</td>
<td></td>
</tr>
<tr>
<td>Transportation - type:</td>
<td></td>
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<tr>
<td>Other - specify</td>
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Total Funds requested:___________________________________________________________________

* Please list any other sources of income requested for this event and the amount.

Source:______________________________________Amount: ___________________
Source:______________________________________Amount: ___________________

Describe how these funds will support the enhancement of your artistic development and how you will share the results of your experience with other students.
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
B) **Student Organization Grant**

Please circle appropriate event:  
- Visiting Artist  
- Workshop  
- Conference  
- Field trip  

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<tr>
<td>Registration</td>
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<tr>
<td>Lodging- are you sharing room with another artist?</td>
<td>Please circle: Y or N</td>
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<tr>
<td>Admission</td>
<td></td>
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<tr>
<td>Transportation - type:</td>
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Total Funds requested:  

* Please list any other sources of income requested for this event and the amount.  

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Describe how these funds will support the enhancement of your artistic development and how you will share the results of your experience with other students.  

______________________________________________________________________  
______________________________________________________________________  
______________________________________________________________________  
______________________________________________________________________

Describe how you would share the results of your experiences in order to communicate with the School of Art the value to be gained as a result of this request.  

______________________________________________________________________  
______________________________________________________________________  
______________________________________________________________________  
______________________________________________________________________

**IMPORTANT INFORMATION! PLEASE REVIEW.**  
Within thirty (30) days of the funded event(s), all recipients are required to provide original itemized receipts (in the recipient’s name only) and a brief (1-page) report.  
For reimbursement submit original itemized receipts and the Medici Circle grant approval letter to Jane Steinert in the School of Art main office. Submit the one page report and photos **DIGITALLY (on a CD)** to Jodi Schroeder in the Department of Theatre and Film main office located at 212 Wolfe Center. The brief report describes what you did and how you benefited from this experience – both the report and photos are required. Award monies will not be paid until all receipts, report, and the photos are submitted. Award monies will be forfeited if unclaimed after June 30\textsuperscript{th} of the academic year of the award. Please make a copy of this submission to retain for your records.  

Signature___________________________________________  Date _____________

Deadline for applications: **Tuesday, January 27, 2015, by noon**  
to Jodi Schroeder, Department of Theatre & Film, 212 Wolfe Center.  
**No late applications will be accepted.**