



Yale Institute of Sacred Music
409 Prospect Street, New Haven, CT 06511
(203) 432-5180/phone (203) 432-5296/fax

ISM Student Grant Request

Colloquium Presentation (up to \$500.00 per person)

Date _____

Name and Local Address

Degree/Concentration:

Reason for Request:

Please attach a budget proposal to include a description and an itemized account of each expense.

Are you receiving funding from another entity? YES NO

If yes, please describe level of support:

Faculty Advisor Approval/ Date

Director Approval/ Date

*All proposals and budgets must be approved in advance.
Grant money will be processed as a reimbursement after the event has occurred.
Please submit original receipts/documentation for reimbursement.*

*Completed requests should be turned in to the Student Affairs Office, first floor ISM.
For a duplicate copy of this request, see <http://www.yale.edu/ism/academics/info.html>.*