



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

## **Student Grant Request**

### *Colloquium Presentation (up to \$500.00)*

Name \_\_\_\_\_ Date \_\_\_\_\_

Degree and Concentration: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Local Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for Request:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Budget Proposal (description of expense):

Amount:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total: \_\_\_\_\_

Are you receiving funding from another entity? YES  NO

If yes, please describe level of support:

\_\_\_\_\_  
\_\_\_\_\_

If you have previously been awarded a grant by the ISM, please list the date and purpose of funding.

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Faculty Advisor Approval/ Date

\_\_\_\_\_  
Director Approval/ Date

*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 into Gale Pollen, first floor ISM, N112.  
For a duplicate copy of this request, see <http://www.yale.edu/ism/academics/info.html>.*