



Project Title _____

Discipline _____

Date Received _____

Student Signature _____

Pauline K. Anderson Student Grant Program Request Form

Name _____ Date _____

E-mail _____ Phone _____

Grant requested \$ _____ Have you applied in the past? YES NO

Lead Instructor Signature _____

Please complete the following:

Write a one or two sentence description statement that best describes the use of grant request:

How will this grant improve your educational and artistic experience?

Please provide an estimated cost for each requested item and place of purchase.

(Example: tap shoes - \$42.00 plus tax and shipping from Discount Dance.)

- The committee may request **additional information** if it is deemed necessary.
- If your grant is approved, you will need to provide **proof of purchase** within 30 days of receipt of grant. Failure to do so could result in no future funds being awarded.
- Must include **ALL** requested information to be considered for funding.

Questions, contact Mimi Dickinson at 240-347-4934 or mimid@barbaraingramfoundation.org