`The Clarence Hodson Prize
Application
(must be typed)

Name: _____

Major: _____

Class (circle one): Sophomore Junior Senior

Campus Address:_____

E-mail Address _____ Cell phone or campus extension:_____

Home address: _____Phone:_____

PROJECT TITLE: _____

PROJECT DESCRIPTION: _____
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_____(Please continue on separate sheet, if necessary).

Date your project **begins**: _____ and **ends**:_____

1) How did you become interested in this project?_____
_____
_____.

2) How will your project serve as an **experiential** learning experience?_____
_____
_____

3) What preliminary work, if any, have you done to date? _____
_____
_____.

4) Will you have any supplemental funding (from relatives, other grants, etc.): _____
If so, please list source(s):_____

Project Location: _____
Name of Supervisor on site:_____
Address of Supervisor:_____
_____Phone:_____

AGREEMENT

I understand that if I receive a grant I am obliged to submit a written report to the Chair of the Department of Music, to include an account of how the grant monies were spent. If for any reason I cannot fulfill the terms of this project, I will fully refund the grant I receive.

Your Signature: _____ Date: _____

N.B. Three copies, plus this original, must be submitted to Kenneth Schweitzer by 4:00 PM on Friday, January 25, 2013.

TAX INFORMATION:

Grant recipients are advised that they will be issued a Tax Form 1099 and that they are responsible for paying any taxes due on grants received. It is highly advisable that grant recipients keep a written record and save receipts for tax purposes.

Proposed Budget

Item	Amount
Replacement for lost wages calculated at $7.25 per hour, for a 35 hour workweek ($290.00 per week)	
Travel	
Equipment (consumables only)	
Fees (tuition, registration, fees, etc., if any)	
Phone (related to work of project)	
Printing (project related)	
Postage (project related)	
Other:	
TOTAL	
Please attach any explanations you feel necessary to support	
of your budget figures (use separate sheet)	

Total amount requested: _____

PLEASE HAVE A FACULTY MEMBER SIGN BELOW

----------Students: Please Do Not Write Below this Line----------

I am familiar with this proposal and endorse the project described therein. To the best of my knowledge, this student applicant is quite capable of carrying this project out in the time frame indicated.

Faculty Signature _____ Date _____

Print Name of Faculty Member _____

N.B. Faculty members must either return the signed application to the applicant or send three copies, plus the original, Kenneth Schweitzer by 4:00 PM on Friday, January 25, 2012.