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**Colloquium Presentation Grant Request**

 ***(up to $750 per team project--$375 per individual; up to $500 for solo presentations)***

Grants are available to support **research** and/or **performance costs** for student Colloquium presentations. Allowable research expenses include transportation, accommodations, and/or fees or ticket purchases for access to project-related resources. The ISM will not reimburse students for food, books / CDs, computer programs or equipment. Singers or instrumentalists may be hired by the hour only for rehearsals and/or the presentation itself. ISM students cannot be paid for the actual performance in Colloquium. To apply, please submit this form at least one month before the presentation to Kristen Forman in Miller Hall (Rm. 201) or by email (kristen.forman@yale.edu). You will be notified when your request has been approved. Reimbursement/payment is initiated following the presentation.

Application date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Presentation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and Degree program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and Degree program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Research Expenses Performance Expenses**

*Attach description of each item.* *Attach list of performers. Hourly rate is $18.*

Transportation: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(air, train, taxis, parking, or mileage)* Non-ISM Performers: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Accommodations: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ISM Performers: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *(payment for rehearsal time only)*

Miscellaneous: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Total amount requested: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total amount requested: $\_\_\_\_\_\_\_\_\_\_\_\_\_**

ISM Administrator Approval/ Date ISM Director Approval/ Date

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