

CAROLYN McMILLAN RESEARCH GRANT APPLICATION

NAME: _____

ADDRESS: _____

PHONE: (Home) (_____) (Business) (_____) _____

PRESENT POSITION: _____

EDUCATIONAL BACKGROUND: _____

MUSICAL BACKGROUND: _____

ORFF EXPERIENCE: _____

PUBLICATIONS/WORKSHOP/CONFERENCE PRESENTATIONS: _____

APPLICANTS ARE ASKED TO OUTLINE THE RESEARCH PROGRAM BELOW:
(Please type responses.)

1. TITLE OF RESEARCH PROJECT:

2. DESCRIPTION OF PROPOSED RESEARCH: (research objectives and procedures)

3. RESEARCH METHODOLOGY:

4. SIGNIFICANCE OF RESEARCH:

5. BUDGET IMPLICATIONS: (please outline anticipated expenditures for this project: e.g., photocopying costs, typing costs, travel, supplies, etc.)

Please provide the names, addresses and phone numbers of two people who can attest to your ability to undertake your project.

_____	_____
_____	_____
_____	_____
_____	_____

The recipient of this award is asked to provide a summary of her/his study (approximately 500 words) upon its completion. This summary will be published in OSTINATO.

Signature _____

Please return this form to:

Past President
Carl Orff Canada
past-president@orffcanada.ca