

19. CAROLYN McMILLAN RESEARCH GRANT APPLICATION

NAME _____

ADDRESS _____

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

EMAIL: _____

PRESENT POSITION _____

MEMBER OF CARL ORFF CANADA CHAPTER _____

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*

Deadline is June 15th