

## ARS PROFESSIONAL DEVELOPMENT GRANT APPLICATION FORM

Applicant Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Website (if applicable): \_\_\_\_\_

Project Name: \_\_\_\_\_

Concise Project Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Project Timeline: \_\_\_\_\_

Phone Number(s) Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Total project budget: \$ \_\_\_\_\_

Amount requested from ARS: \$ \_\_\_\_\_

Have you applied for an ARS Professional Development Grant before? (*circle one*) Yes No

If yes, when? \_\_\_\_\_ Amount awarded: \$ \_\_\_\_\_

Please check the appropriate categories for the proposal for which you are requesting funding.

Education

Performance

Research

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Submit three (3) copies each of your cover letter, the Grant Application Form, written project proposal, and supporting materials to:

The American Recorder Society  
1129 Ruth Drive  
St. Louis, MO 63122-1019

Or send via e-mail to: [ars.recorder@americanrecorder.org](mailto:ars.recorder@americanrecorder.org)

<b>FOR OFFICE USE ONLY</b>
Proposal # _____
Cycle: _____
Amount requested: \$ _____ Grant awarded: \$ _____