

The Ohio State University School of Music
A. Peter Costanza Doctoral Programs in Music Endowment Fund
Grant Application

Name: _____

Date of Request: _____ Student ID Number: _____

E-Mail Address: _____ Phone: _____

Total Amount Requested (maximum of \$300): _____

Previous Funding from the School of Music: _____

Please give a description of your need, its purpose, the budget, and the significance to your degree program and to your development as a scholar or performer. Description can be attached if necessary.

Faculty Support (Signature): _____

To be completed by the Chair of Graduate Studies of the School of Music

Confirmation of State: Degree Program _____

Signature: _____

Approved _____ Denied _____ Date _____