The Kathy & Charlie DiSanto Memorial Student Opportunity Fund
APPLICATION FORM

Please submit your application to the
Dance Department Chairperson
No later than May 1st

Student's Name:_____ **Class Year:**_____

Major(s):_____ **Minor(s):**_____

Are you an International Student (Please check one): □ Yes □ No

Cell Phone:_____ **E-Mail Address:**_____

Faculty Advisor for this project (*You are welcome to ask any Faculty Member***)**:
_____ **Department/Program**:_____

Most Recent GPA:____ **Cumulative GPA**:_____

Descriptive Title of Experience:_____

On-Site Supervisor if there is one (name and title):_____

Name of Organization or Institution if working with one:_____

Address of Organization or Institution:_____

Phone:_____ **FAX**:_____ **E-Mail**:_____

Dates of involvement in the experience: Begin:____ /____/_____ Conclude:____/____/_____

Total number of <u>weeks</u> for the experience: _____

Estimated number of <u>hours per week</u>: _____

Please indicate whether you receive financial aid: □ Yes □ No

Are you applying to any other awards, stipends, grants or loans? _____

If yes, which? _____

Please submit the following to the Dance Department Chair:

- **Application Form** & **Application Essay** (See description above)
- **Itemized Budget** ~ of expenses you will incur completing your project
- **Letter of Support** ~ from Faculty Advisor for this project
- **Final Report** ~ due on completion of your project (See description above)