

MASTA Outreach Grant Application

I. Applicant Information:

Name: _____

School/Organization: _____

Address: _____

Telephone: _____ Are you an ASTA member?: _____

I am applying for a:

_____ Program Grant _____ Professional Development Grant

II. Please include on a separate sheet the following information:

Program Grant Applicants:

- a. Brief description of the project
- b. Number, age/grade of participants
- c. Date or time period over which the project will take place
- d. Location
- e. Name of guest clinicians/artists/directors if applicable.
- f. Project budget listing all anticipated expenses, sources of funding, and the total cost of the project.
- g. Amount request from MASTA, up to but not exceeding \$500

Professional Development Grant Applicants:

- a. Brief description of the training/workshop including the expected outcomes.
- b. Date and location
- c. List of other funding sources if applicable
- d. Amount requested from MASTA, up to but not exceeding \$250

Please return completed application and supporting materials to:

Kelly De Rose
MASTA Outreach Grant Chair
1476 Cornell Road
Muskegon, MI 49441

Questions regarding Outreach Grants can be addressed to Kelly De Rose at the above address, by email: derosek@monashores.net, or by phone: 231-759-3277.