

**CONTACT INFORMATION**

---

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**I AM:**

---

An Undergraduate Student

A Graduate Student

University Faculty

University Staff

An Independent Researcher

An affiliate/employee of a not-for-profit community group or organization

Are you based at UWinnipeg?    student    faculty member    staff    Joint Master's History Program

**OTHER FUNDING SOURCES:**

---

List any sources of funding you have applied for or received for your project:

**ARCHIVING YOUR INTERVIEWS**

---

If awarded a Community Oral History Grant would you agree to archive your completed project at the Oral History Centre?    YES    NO

If not, is there another archive where you intend to archive the project? \_\_\_\_\_

**ATTACHMENTS:**

---

Please attach a separate document that describes your interest in this workshop (2 pages max). Please include:

- A description of your oral history project including your research focus, its historical context, and where you are in the project planning process.
- Any other financial or in-kind you have applied for or received to date.
- A brief explanation of your financial need.
- A copy of your project budget.

*Please fill out the application in full and submit it with all requested documents to [oralhistorycentre@gmail.com](mailto:oralhistorycentre@gmail.com) with the subject heading: "Arnold Grant Application."*