
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

University of Winnipeg/ University of Manitoba
Joint Masters Program

Are you based at UWinnipeg? YES NO _____

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 preserve the project?

ATTACHMENTS:

Please attach a separate document containing the following:

- 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 including how you intend to use the grant funds.