

APPLICATION: ABE AND BERTHA ARNOLD ORAL HISTORY GRANT

Please read the application criteria and out the application in full. Attach as separate .docx or .pdf or .txt files:

Project description Plan for Long-Term Preservation Project Timeline Project Budget

Please submit your completed application with attachments to: ohc@uwinnipeg.ca

A: COMMUNITY ORGANIZATIONS

Name:

Email Address:

Phone Number:

Mailing Address:

A: COMMUNITY ORGANIZATIONS

Are you applying for this grant in affiliation with a community or not for profit organization?

NO YES

If "YES" please indicate the name of the organization and your role or affiliation:

B: STUDENTS

Are you currently a post-secondary student?

NO YES B.A. M.A. PhD

If "YES" please indicate the institution at which you are enrolled, and your programme.

C: POST-SECONDARY FACULTY and STAFF

Are you currently employed as faculty or staff at a post-secondary institution?

NO YES

If "YES" please indicate the institution at which you are enrolled, and your programme.

Is your oral history project directly related to your current position or field of study?

NO YES