Margaret Noell Kindberg Memorial Fund for the Arts
Undergraduate Application Form

Application Form: Complete the proposal form and attach your 450-word statement.

When to Submit: Please watch for emails about Autumn and Spring semester competition dates, or call 614-292-4063.

You Are Eligible If: You are pursuing a degree in the ARTS (Art, Art Education, Dance, Design, History of Art, Theatre, Music) and will be traveling as part of your undergraduate experience to perform, create, present, conduct research, or conduct creative scholarship in the Arts. Funds may also be used to provide assistance to an Arts student experiencing a financial hardship.

Amount of Award: $500.00 maximum.

Enrollment Conditions: Recipients generally must be enrolled as full-time students (12 credit hours) during the quarter(s) in which they receive scholarship funding. Recipients must also be in compliance with the Satisfactory Progress Policy of the Office of Student Financial Aid.

Method of Selection: Applications and proposals are reviewed by the Associate Dean for the Arts and Humanities. The number of scholarships awarded will be determined by amount of funds available and the quality of the proposals.

Acknowledgement: Recipients of this award must acknowledge Mr. Kindberg through a written thank you note, and where appropriate, in programs or presentations, must be acknowledged publicly for their support of the Arts at Ohio State.

ARTS Faculty Advisor Signature: The faculty advisor’s signature signifies his or her belief in the student’s ability to carry out the purpose of the travel.

Travel Proposal: Prepare a travel proposal of not more than 450 words, double-spaced typewritten, 12 pt. Times New Roman font, 1-inch margins all around (any proposal not conforming to these requirements will not be considered).

This 450-word proposal should address the following in the suggested order:

**Thesis Statement:** This includes the purpose of the travel, and how it relates to your current research, presentation, or creative work that you are conducting.

**Methodology/Process:** This includes what you will be doing during your travel or how you are going to go about doing what you wish to do. Remember to include items from your budget here. The Federal Limits of travel, hotel, and per diem may be found on the following website:

[http://www.gsa.gov/Portal/gsa/ep/contentView.do?contentType=GSA_BASIC&contentId=17943](http://www.gsa.gov/Portal/gsa/ep/contentView.do?contentType=GSA_BASIC&contentId=17943)

**Significance of the Project:** Explain why the travel is important.

**Budget** (not included in the 450 word proposal): The Associate Dean will carefully review the budget. Applicants should list all costs associated with the travel, since those costs—whether to the student, the advisor, or the department/school—represent a financial commitment to the trip.
MARGARET NOELL KINDBERG MEMORIAL FUND FOR THE ARTS
UNDERGRADUATE APPLICATION FORM

Please fill out Application Form, attach the 450-word proposal, and return to:

Valarie Williams, Associate Dean
114 University Hall
230 North Oval Mall
Columbus, OH 43210
614-292-4063

Date: __________________________

Name (please print) ____________________________________________________________
(last) (first) (middle)

Student ID Number ____________________________________________________________

Address ________________________________________________________________
(Full Columbus - address, street, city, state, zip)

Local/Cell Phone __________________________ E-Mail Address __________________________

Major __________________________ Second Major __________________________

Minor __________________________ Second Minor __________________________

Projected Semester of Graduation ___________ Total Earned Credit Hours ________ GPA __

Department/School/Program __________________________________________

Place of Travel ____________________________________________

Purpose of Travel ____________________________________________

Faculty Advisor ________________________________________________
(Printed name) (Rank)

Faculty Advisor ________________________________________________
(Signature) (Date)