***SCHOOL OF MUSIC***

☐ ***Mail Check To Artist***

☐ ***Give Check To Faculty Pick Up:***

# APPLICATION FOR GUEST ARTIST FUNDING

***NOTE: Check Requests Require A Minimum Of Two (2) Weeks In Advance To Be Requested And Printed. Checks Are Run ONLY on Tuesdays and Fridays.***

Faculty Member: _____

Artist Name: _____

Street Address: _____

City, ST Zip: _____

E-Mail: _____

Telephone #: (_____) _____-_____

Date(s) of Service: _____
Day Month Day(s) Year

Description of Services (i.e. Master Class, Recital, Lecture)

_____

_____

_____

Estimated Costs & Notes:

Artist Fee $_____ Lodging Fee $_____

Travel $_____ Meals $_____

Total Estimated Costs $_____

Funding Source:

Source 1 _____ Amount: $_____

Source 2 _____ Amount: $_____

Source 3 _____ Amount: $_____

SOM Requested Amount $_____ SOM Approved Amount $_____

_____

School of Music Director, Stephen Parsons Date