

2010 MBDA College Workshop Grants Application

(For events taking place between January 1 and December 31, 2010)

College / University Name: _____

Coordinator/Director: _____
(NOTE: Must be a MBDA member.)

Mailing address: _____

City, State, Zip: _____

Phone: _____

E-mail: _____

Date(s) of event: _____

Description of event (attach a separate sheet if necessary):

Total proposed budget for this event: _____
(Note: Please attach a complete and detailed budget for your event.)

Will this event benefit Minnesota band directors? _____ Yes _____ No

If "Yes" please describe benefits or incentives for MBDA members attending this event:

Is this an annual or one-time activity? _____ Annual _____ One-time

If annual, number of years the event has been held? _____

Average attendance at previous event: _____

Applications must be received by January 31st, 2010
Mail completed applications to:

Dr. John Ginocchio, CBDNA Representative (MBDA)
Southwest Minnesota State University, 1501 State St., Marshall, MN 56258