Budget

Itemize a brief list of expenses for your opportunity that this stipend will cover. **Be specific about items and amounts.**

Note: While projects may exceed $600, total SOS request should not.

Item	$ Cost

Total amount requested (not to exceed $600) _____

Do not submit slides, videos or other audio or visual materials of your work; they will not be reviewed or returned.

☐ I consent that this application may be used anonymously in teaching contexts (optional).

☐ I certify that I am over the age of 18, have lived in New York State for one year before application deadline and am not matriculated in any degree program at the time of application.

Applicant's Signature

Make sure this application is completed, detach this page and send with other written material to the sponsoring organization listed for your region. (*See page 6*)