

MAINE HUMANITIES COUNCIL ORAL HISTORY WORKSHOPS 2006

Application Form – Please complete the form or provide the same information on another sheet.

Name of Applicant Organization:

Contact Person:

Address

City, State, Zip

E-mail address / Contact Telephone

Name of cooperating organization(s) (that will help generate participants) and contact person:

Where will you be holding the workshop (facility and town)?

What is your preferred date?

What is the total number of participants you estimate will attend (we require a minimum of ten people)?

How will you attract the participants?

Is your organization involved in oral history work already? Is there a current oral history project underway? If so, can you describe it briefly?

Anything else we should know about?