



Embroiderers' Association of Canada, Inc.
Association canadienne de broderie, Inc.

ELEANOR THOMAS YOUTH AWARD
Request for Funds

Date: _____

Name: _____ EAC/ACB Youth Membership No.: _____

Address: _____

City: _____ Prov/State: _____ Zip/Postal Code: _____

Telephone: _____ Email: _____

I am applying for the following:

- Book Purchase (complete the appropriate section and page 3)
- Correspondence Course (complete the appropriate section and page 3)
- EAC/ACB Chapter Workshop (complete the appropriate section and page 3)
- Seminar Sponsorship (complete the appropriate section and pages 3 and 4)

BOOK PURCHASE

Funds for the following book are requested:

Title: _____ ISBN: _____

Author: _____ Price: \$ _____

Funds Requested: \$ _____

I agree to write a book review for *Youth Embroiderers' News* and/or *Embroidery Canada*.

CORRESPONDENCE COURSE

Funds for the following correspondence course are requested:

Course: _____

Course Fee: \$ _____ Funds Requested: \$ _____

Each applicant is required to complete the course in the specified time.

I agree to submit a photo of my completed project and write an article for the *Youth Embroiderers' News* publication.

EAC/ACB CHAPTER WORKSHOP

Funds to attend the following Workshop are requested:

Workshop: _____

Date of Workshop: _____ City: _____

Funds Requested: \$ _____

Give a brief outline of the workshop (use the back if necessary)

I agree to submit a photo of my work and a write-up about the workshop or produce a project for the *Youth Embroiderers' News* publication.

SEMINAR SPONSORSHIP

Funds to attend the following EAC/ACB Seminar are requested:

Seminar: _____ Dates: _____

at _____

The class(es) I would like to take:

1. _____

2. _____

3. _____

I would be accompanied to Seminar by _____

(for ages 14-17) who is my _____ (Relationship to Youth)

I, _____ agree to allow my child to attend Seminar with

_____.

Parent's Signature: _____ Date: _____

I agree to write an article and/or design a project based on the skills learned at Seminar.

How will this purchase aid the Youth Chapter/Youth Member? Use the back if necessary.

Youth's Signature: _____

For Seminar Sponsorship, this application form must be accompanied by a letter of recommendation from an adult (Chapter Leader or Parent or Teacher).

Forward this application, photos of your work and a letter of recommendation to the EAC/ACB Youth Embroiderers Assistant by October 31st.

Elizabeth Fewer
EAC/ACB Youth Embroiderers
468 Newfoundland Drive
St. John's, NL A1K 1A1
Email: youth@eac-acb.ca

I endorse the application of the above individual.

Chapter Leader: _____ Telephone: _____

Signature: _____ Email: _____

For National Members:

Parent: _____ Telephone: _____

Signature: _____ Email: _____

FOR EAC/ACB OFFICIAL USE:

Date Received: _____ Funds Awarded: \$ _____

