



Memorial Scholarship Application

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

I am applying for a scholarship for ☐ a chapter ☐ myself.

Chapter Name: _____

Name: _____

Membership #: _____ Expiry date: _____ Years as a member: _____

Mailing Address: _____

Telephone: _____ Email Address: _____

Have you or your chapter received any EAC/ACB award, grant or scholarship? If yes, please list and provide details. Attach a separate page if necessary.

For individual applications, please provide a summary of your background, interest and experience in needlework.

Course/workshop applying for:

Dates (start and end): _____

Please answer the following (attach a separate page if necessary):

What are your goals for the course?

- a. _____
- b. _____
- c. _____

How do you intend to use the knowledge learned in the class/workshop?

- a. _____
- b. _____
- c. _____

How do you think this scholarship will be of benefit to you or your chapter?

- a. _____
- b. _____
- c. _____

List the costs of class/workshop as much as possible. Include costs such as class/workshop fee, kit or supplies cost, travel, accommodations, meals, and others.

Declaration of Candidate/Chapter

I/we declare that I will abide by the terms and obligations set out in the Memorial Scholarship Fund Policy & Procedure document and fulfill them within the time frame outlined.

Furthermore, I/we give permission to EAC/ACB to use my/our project/samples and essay for promotional purposes.

Signature: _____ Date: _____

(If this application is for a chapter, the President's signature is required.)

The EAC/ACB Vice President must receive applications by September 1 or March 1.