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

Seminar Grant Application

Name: _____

Mailing Address: _____

Telephone: _____ Email Address: _____

Affiliation: Chapter ☐ Individual ☐ Term of Membership (Years): _____

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

_____

_____

_____

Please provide a summary of your background, interest and experience in needlework.

_____

_____

_____

_____

Seminar class(es) applying for:

One 4-Day: _____

Two 2-Day: 1. _____

2. _____

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

1. What are your goals for the course?

   _____

   _____

   _____

2. How do you intend to use the knowledge learned in the classes?

   _____

   _____

   _____

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

   _____

   _____

   _____

Declaration of Candidate

I declare that if I am awarded a Seminar Grant, I will abide by the terms and obligations set out in the Seminar Grant Guidelines and will fulfill them within the timeframe outlined. If I am unable to fulfill my obligations within the timeline allotted, I will repay the grant amount by the time indicated.

I give permission to EAC/ACB to use my project(s)/ samples and essay for promotional purposes.

Signed: _____ Date: _____

The EAC/ACB Vice President must receive applications by November 1st.

vicepresident@eac-acb.ca