



Embroiderers' Association of Canada, Inc.

MEMORIAL FUND SCHOLARSHIP APPLICATION

Name: _____

Address: _____

City: _____ Prov: _____ Postal Code: _____

Phone: _____ Email: _____

Individual (term of membership/years): _____

Chapter or National member: _____

Chapter/Group: year founded: _____

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

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

Course applying for: _____

Dates: _____

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/ Chapter:

I hereby declare that I will abide by the terms and obligations set out above on this Application for the EAC Seminar Scholarship and fulfil them within the time frame outlined. Furthermore, I give permission to EAC to use my project/ samples and essay for promotional purposes.

Signature: _____
(If Chapter, President's signature required)

Date: _____

The EAC Vice President must receive applications by September 1st or March 1st at the address listed in *Embroidery Canada*.