



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

PAULINE GLOVER EDUCATIONAL GRANT APPLICATION

Complete this application form and forward it with the required back-up information to the Education Director by April 15.

Name: _____

Address: _____

City: _____ Prov: _____ Postal Code: _____

Country: _____ EAC Membership #: _____

Chapter Name _____

Telephone: _____ Fax: _____

Email: _____

Embroidery education background:

What types of embroidery have you done in the past?

Why are you applying for this grant?

What is the availability of embroidery courses/workshops/classes in your area?

Which EAC individual technique study course are you planning to enroll in?

Have you ever begun an EAC correspondence course and not completed it? _____

If yes, please provide details.

Please include with this application form the following:

- At least two clear photographs of your work with a short description of each.
 - Mount these on paper and place in a plastic sleeve with your full name and address on each. These will be returned to you. The photographs can be high-resolution jpeg images sent electronically, but you must include a short description of the images with this application.
- Your résumé.
- A letter of reference from someone who knows you (for example, your chapter president or a past counsellor).
- Any other pertinent information you feel the Education Committee should know.

Students who receive the Pauline Glover Educational Grant are expected to complete the course they have selected within the course deadline: 12 months for a basic course, 18 months for an intermediate or advanced course. Students who are unable to meet the time lines for submissions of lessons will not receive the remainder of the lessons for the course, will not receive a certificate of completion and course pin, and will not be eligible to apply for further education assistance from EAC. Students who re-register for the same course at a later date will not be given credit for lessons completed, and will be required to submit all lessons to the assigned counsellor.

If awarded the Pauline Glover Educational Grant, I agree to enroll in my chosen course within three (3) months of notification of the awarding of the grant. I agree to be bound by the policies governing this award.

Signature: _____ Date _____

Witness Signature: _____ Date _____

Witness Name (please print): _____