



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): \_\_\_\_\_

Which grant is this to be applied to:  East       West       First Time Attendee

Have you received any EAC/ACB award, grant or scholarship? 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?

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

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

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## 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 fulfil them within the timeframe outlined. If I am unable to fulfil 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.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The EAC/ACB Vice President must receive applications by November 1 at the address listed in *Embroidery Canada*.