



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

Memorial Scholarship Application

I am applying for a scholarship for a chapter myself.

Chapter Name: _____

The year your chapter was founded: _____

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 applying for: _____

Dates: _____

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

1. What are your goals for the course?
 - a)
 - b)
 - c)
2. How do you intend to use the knowledge learned in the class?
 - a)
 - b)
 - c)
3. How do you think this scholarship will be of benefit to you or your chapter?
 - a)
 - b)
 - c)

Declaration of Candidate/Chapter

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

Signature: _____ Date: _____

(If Chapter, President's signature required.)

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