

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/ACB Me	mbership Nu	mber:
Email address			
Phone number:		_	
Embroidery Education Backgrou	und:		
What types of embroidery have	you done in the	past?	
Why are you applying for this gr	rant?		
What is the availability of embro	oidery courses/w	orkshops/cla	isses in your area?
Which EAC/ACB Individual Corr	respondence Co	ourse are you	ı planning to enroll in?

Have you ever begun an EAC/ACB Correspondence course and not completed it?	
If yes, please provide details.	

Please include with this application form the following:

- At least two clear photographs or slides of your work with a short description of each.
 - Mount these on paper and place them 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 and include a short title for jpeg images.
- 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 which they have selected within the course deadline: 12 months for a basic course, 18 months for an intermediate or 24 months for an advanced course. Students who are unable to meet the timelines 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/ACB. 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):	

The address of the Education Director is available in *Embroidery Canada* or email the application and back-up information to education@eac-acb.ca.