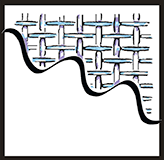
**Columbia Weavers and Spinners’ Guild**

**Educational Scholarship Fund Application Form**

**Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**home phone** \_\_\_\_\_\_\_\_\_\_\_\_\_ **cellphone** \_\_\_\_\_\_\_\_\_\_\_\_\_ **email** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Scholarships are open to anyone. You do not need to be a CWSG member.**

**Your application should include the following (see second page):**

1. Name of the conference, workshop or event that you hope to participate in and the date and location of the event.
2. Projected costs for the event and the amount you are requesting from the guild. Include expenses such as conference fee, transportation, lodging, meals, materials, etc.
3. A description of your interest and prior experience in fiber arts, specifically those that are the subject of the event that you want to attend.
4. A statement of your goals and how you expect to benefit from the event.
5. Your ideas on how you might share your learning with the guild following the event.
6. If the committee requests revisions to the application, the applicant will work with the committee reviewer.

**Within one month of the event,** recipient agrees to send the following to the record keeper of the Educational Scholarship Fund Review Committee:

1. A short description of benefits received from the activity. This is an IRS requirement. Note that scholarship funds used by the recipient must be reported on the individual’s state and federal tax returns.
2. A final financial report including receipts for major expenses (conference fee, transportation, lodging, meals, materials, etc.).
3. A check made payable to CWSG for any funds not used for the purposes specified in the scholarship application.

**Within one year of the event*,*** recipient also agrees to share their increased knowledge in the form of a guild program, short report, demonstration, samples or slides. Sharing should be commensurate with the amount of the grant. The higher the amount, the more extensive the presentation should be. The vice president of the guild, who is in charge of programs, and the recipient will negotiate the program.

I agree to abide by the above-stated conditions and obligations if I am granted a scholarship. I understand that all obligations listed above must be met to be eligible for another scholarship.

**SIGNATURE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DATE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Send a copy of your application to EACH member of the Educational Scholarship Fund Review Committee as published in *The Tie-Up*, in the CWSG Membership Directory and at cwsgcomo.org. Please save a copy for your records and for reference of your obligations upon completion of the activity.

**Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**home phone** \_\_\_\_\_\_\_\_\_\_\_\_\_ **cellphone** \_\_\_\_\_\_\_\_\_\_\_\_\_ **email** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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