

WEAVERS GUILD OF BOSTON
EDUCATION GRANT APPLICATION

Any person holding a full Guild membership in good standing for at least one year may apply for an Education Grant. Grant categories include WGB morning and special workshops, registration fees for NEWS and Convergence, skill development, research and independent study.

NAME: _____ GUILD #: _____
ADDRESS: _____
TELEPHONE: _____ E-MAIL: _____

Please indicate the program for which you would apply the grant and when the monies will be used. The monies will be paid directly to the program (workshop or conference) of your choice except under very special circumstances. If you have already registered, you will be reimbursed AFTER you finish your workshop. A proof of attendance is required. The monies will be paid directly to you in the case of research, a special project, or academic program (a passing grade is required.) If you are forced to withdraw from a program or cannot complete a project for which the application is made, you must contact the Education Grant Chairperson to arrange for the unused portion of the grant money to be returned to the Guild.

Program or Special Project: _____

How much money are you requesting and date? _____

Please describe your past experience as a weaver and your expectation of how this program, research or special project will help you to further your goals. Use the back of this application if necessary.

It is an honor to receive an education grant. A prerequisite is that you have a desire to share your knowledge. Please indicate how you would like to give something back to the guild (it need not be what you learned using the grant):

1. _____ Volunteer for the guild in a capacity of your choosing.
2. _____ Weaving yardage for samples for the bulletin (no yarn reimbursement.)
3. _____ Prepare a notebook for the library of samples and notes of your workshop or research.
4. _____ Lead a Weavers Helping Weavers program.
5. _____ Teach a morning workshop, if you have prior teaching experience.

Name and contact info of a WGB member or fiber arts professional we may contact for a reference. _____

This application should be completed and returned with a SASA to:

WGB Education Grants
P.O. Box 366
Andover, MA 01810

SIGNATURE: _____ DATE: _____