



WHI Workshop Scholarship Application

Applications must be received
at least 4 weeks prior to Workshop date

Submit to: WHI Scholarship Chair
P.O. Box 14
Milwaukee, WI 53201-0014

Criteria:

Must be a current paid member; eligible for 1 scholarship/year; able to attend entire workshop.

Name _____

Address _____

Telephone Number _____

E-mail Address _____

Workshop Title/Date _____

Statement of Purpose:

How is this workshop pertinent to you in your growth as a weaver?

Plan of Intent:

How will you share with WHI, Inc. membership the insights you gain from the workshop? (e. g., a minimum half-page article (not including pictures) in newsletter, a make-and-take workshop activity, a meeting presentation, etc.)

Signature: _____

To be completed by WHI Scholarship Chair

Postmark Date _____ Disposition _____