

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, conference or academic) 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. 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. For research or special projects, contact the Education Grant Chairperson.

Program or Special Project: \_\_\_\_\_

\$ Amount of Request: \_\_\_\_\_

Date of Program or special project: \_\_\_\_\_

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. One of the requirements of receiving a grant is sharing knowledge gained within a year of grant receipt. Please indicate how you will share this knowledge:

1. \_\_\_\_\_ Write an article for the Bulletin
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 complimentary 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 SASE to:  
WGB Education Grants  
P.O. Box 366  
Andover, MA 01810

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