



**MEMBER'S SCHOLARSHIP APPLICATION**  
**THE FIBER GUILD OF GREATER KANSAS CITY**

Name:

Address, City, State, Zip:

Phone:

Email:

Name of Program/Class:

Instructor:

Location:

Date(s):

Other (email/website for information):

How do you think this program will be an advantage to you?

What do you think you will be able to share with our members in your program presentation as a result of having attended this class?

Scholarship Applicant Signature:

Date:

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This area for FIBER GUILD BOARD/SCHOLARSHIP COMMITTEE USE ONLY:

\_\_\_\_\_ Date application received by \_\_\_\_\_

Secretary

\_\_\_\_\_ Date submitted to Scholarship Committee

\_\_\_\_\_ Date submitted to Board

Recommendation of Scholarship Committee (circle one):

Definitely Recommended

Not Recommended

Undecided

Action of the Board (circle one):

Granted

Denied