



Service Through Education and Fellowship!

Scholarship Award Request Form

Member Name: _____

Member Email: _____

Member Telephone: _____

Member Street Address: _____

Member City: _____

Member State: _____

Guild Member Since: _____ / _____ (MM/YYYY)

Class Title: _____

Class Location: _____

Class Dates: _____ Class

Tuition: \$ _____

Award amount requested (75% of tuition up to an annual maximum of \$300): \$ _____

I consent to publicity associated with any award related to this request.

Member Signature: _____

Date: _____ / _____ / _____ (MM/DD/YYYY)

Please do not write below this line:

Approved By: _____ Date: ____/____/____

Payment 1: Date: ____/____/____ Amount: \$ _____

Payment 2: Date: ____/____/____ Amount: \$ _____