

---

# SCHOLARSHIP FUND

---

## ARROW ROCK WEAVING GUILD

### SCHOLARSHIP GUIDELINES

---

1. The scholarship applicant must have a current paid membership and be active in the Guild\*.
2. The scholarship is not based on financial need.
3. The President and two committee members\*\* will make up the Scholarship Fund Committee. The Vice President will serve as an alternate committee member as needed. The committee members will serve for two years.
4. All qualified Guild members are eligible to make an application for a scholarship but are not able to be part of the appointed scholarship committee for their own application.
5. The amount of scholarship money available for awards will be the total scholarship fund balance when the application is received. The scholarship can be up to \$100 per application to pay for registration and/or class fees.
6. The scholarship applications will be determined in order of receipt.
7. Requirements will include:
  - a. Filling out a Scholarship Application and submitting to Guild President.
  - b. Selection and acceptance of successful applicants will be done by the Scholarship Fund Committee.
8. Qualified members may only apply once every two years for a scholarship.

Scholarship recipient will share new knowledge, skills and/or samples with the Arrow Rock Weaving Guild. This could include but is not limited to conducting a By Member/For Member session, detailed participation in a Show and Share, conducting a Workshop/class or writing an article for the website.

\*An active member is one who attends a combination of three Guild meetings and/or functions annually, excluding the workshop.

\*\*Committee Members will be volunteers or appointed as required.

Arrow Rock Weaving Guild Scholarship Application

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Date Funds Needed \_\_\_\_\_ Registration/Class Fee Requested \$ \_\_\_\_\_

Area of Study (spinning, felting, weaving, etc) \_\_\_\_\_

Description of Workshop/Class (please include flyer/brochure if available) and purpose of class or workshop:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date(s) \_\_\_\_\_ Location \_\_\_\_\_

Please indicate how you will share your new knowledge, skills, samples, etc with the Guild.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

President Signature \_\_\_\_\_ Date \_\_\_\_\_

Committee Member Signature \_\_\_\_\_ Date \_\_\_\_\_

Committee Member Signature \_\_\_\_\_ Date \_\_\_\_\_

*Please submit your application to the Arrow Rock Weaving Guild President*