

Northeast Handspinners Association Application

GRANT AWARD SCHOLARSHIP (indicate one)

APPLICANT:

Name: _____

Date: _____

Address: _____

Email: _____

Phone: _____

EVENT:

Name : _____

Date/Time _____

Location: _____

Amount requested: _____

Description: _____

How will Grant/Scholarship/Award be used? Please attach an itemized estimate of expenses.

Guild or NHA affiliation: _____

Names/contact information of two individuals to confirm above:

1. Return application to: _____

2. Applicant will receive written notice of approval or denial with 30 days of receipt of application.

3. An NHA Participation Report is to be completed and mailed within 1 month after the event to the state representative.