Idaho Woodcarvers Guild

Application for Scholarship

Name: _____

Phone: _____Email: _____

Course, class or program attended: _____

Provider: _____ Location: _____

Brief description of instruction received:

_____
_____
_____
_____

Sum of dues paid: _____ Year applicant joined IWG: _____

Submit this application to the treasurer to initiate the approval process.

For Board Use

Executive Committee action:

Approved: _____ Not approved: _____Date: _____

Date awarded: _____