

ELEANOR THOMAS YOUTH BURSARY
YOUTH/EAC CORRESPONDENCE COURSE
REQUEST FOR FUNDS

Date: _____

Course Requested: _____ **Course Fee:** _____

Participants:

1. Name: _____ Membership #: _____

Affiliation: _____ Birthdate: _____

2. Name: _____ Membership #: _____

Affiliation: _____ Birthdate: _____

3. Name: _____ Membership #: _____

Affiliation: _____ Birthdate: _____

4. Name: _____ Membership #: _____

Affiliation: _____ Birthdate: _____

5. Name: _____ Membership #: _____

Affiliation: _____ Birthdate: _____

(Photocopy form if additional space is needed.)

Each applicant is required to complete the course in the specified time.

The following agrees to act as liaison with the Embroiderers' Association of Canada Inc. representative:

For Chapter Member:

Chapter Leader: _____ Phone: _____

Email: _____ Signature: _____

For National Member:

Parent: _____ Phone: _____

Email: _____ Signature: _____

For Official Use: Date Received: _____ Funds Awarded: _____