

HWSDA Scholarship Program Application Form

Please fill in all information requested

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| Name: | HWSDA Member No: |
| Address: | |
| Contact email: | |
| Phone number: | |
| Name of workshop, class or event: | |
| Instructor name (if known): | |
| Dates of workshop/class: | |
| Description of workshop, class or event to which this scholarship will be applied: | |
| Where did you hear/find out about this workshop, class or event: | |
| List the costs directly associated with this workshop/class – registration, supplies, marking fee, any other relevant fee: | |
| List additional costs associated with this workshop/class – travel, accommodation, etc.: | |
| Describe your background and what you hope to gain by taking the workshop/class: | |
| Include any other relevant information: | |

Complete and email to Lynne Cowe Falls (drlynn@ucalgary.ca)