

# Chattahoochee Woodturners

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## Training Scholarship Application

Your Name: \_\_\_\_\_

Amount requested: \$ \_\_\_\_\_ (may not exceed \$250)

What aspect(s) of woodturning will be covered in this training?

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

Name of the instructor or school: \_\_\_\_\_

Contact information for instructor or school:

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

Date the training will start: \_\_\_\_\_

How long will it last? \_\_\_\_\_

Goals you want to accomplish through this training: \_\_\_\_\_

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

As an applicant for a Chattahoochee Woodturners Training Scholarship I understand and agree to abide by the rules and guidelines of the program.

- I have been a member of Chattahoochee Woodturners for at least twelve consecutive months prior to making this application.
- I have not received any other CWT Training Scholarship in the past twelve months.
- This request is for hands-on training only. It is not for a symposium or non-hands-on training.
- This training is for me only. If for some reason I decide not to attend the designated training I will return any money I have received to CWT. I understand that I may not give this scholarship to anyone else.
- I understand that, if approved, I will receive 80% of the scholarship amount upon approval and the remaining 20% upon completion of the training AND submission of a short written report on my training experience.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_