

ROCKY MOUNTAIN REGION JODY GERGENS MEMORIAL SCHOLARSHIP

APPLICATION (please print or type)

NAME _____

STREET ADDRESS _____

CITY, STATE, ZIP CODE _____

TELEPHONE _____ EMAIL _____

RMR CHAPTER _____

EGA MEMBERSHIP NUMBER _____

Attach extra sheet as necessary to answer the following questions.

YEARS OF EGA MEMBERSHIP _____

PAST AND PRESENT SERVICE TO EGA

LOCAL _____

REGION _____

NATIONAL _____

INTENDED USE OF SCHOLARSHIP

NAME OF COURSE _____

DATE(S) _____

LOCATION _____

WHY DESIRED

A 500 word explanation is required as to how the scholarship will be of benefit to the recipient.

ALL ITEMIZED ANTICIPATED EXPENSES TO BE INCURRED BY COURSE

COURSE FEE _____

MATERIALS FEE _____

LODGING _____

AIRFARE _____

OTHER _____

AMOUNT OF FUNDS REQUESTED _____

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1. Only Rocky Mountain Region members may apply for the scholarship.
2. Approved use for scholarship:
 - A. Individual Correspondence Courses (six step minimum)
 - B. Extended Study Program
 - C. EGA teacher and judge certification programs
 - D. Other courses with approval of the Directors' Club
3. Recipient will submit to the Directors' Club Chairman, a written evaluation of the course within 3 months of its completion, regarding how it met expectations, what was learned, and how this will affect future needlework efforts.
4. Upon request, recipient will return scholarship funds to the Rocky Mountain Region, EGA if they are not used for the stated course and/or if the evaluation (see item 3) is not completed on time.

I HAVE READ AND WILL ABIDE BY THE POLICIES LISTED ON THIS APPLICATION

SIGNATURE _____

DATE OF APPLICATION _____