

# Portland Society for Calligraphy

## WORKSHOP SCHOLARSHIP APPLICATION

Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Name of Workshop: \_\_\_\_\_

Instructor: \_\_\_\_\_ Date(s) of Workshop: \_\_\_\_\_

Are you a member of the Portland Society for Calligraphy? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you a full time student? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, what school do you attend? \_\_\_\_\_

Have you received a PSC scholarship in the past? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please list the dates and workshops you received a scholarship for:

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Describe your background and experience as a calligrapher: \_\_\_\_\_

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Describe your interest in this workshop and what you hope to gain from it: \_\_\_\_\_

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Why do you feel you should be awarded this scholarship? \_\_\_\_\_

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Send completed application to:

Ingrid Slezak, Workshop Chairperson, 1934 NE Hancock Street, Portland, OR 97212

Scholarships awards are half the total cost of the workshop.