

NWA Fiske Educational Fund Grant Application Form

Name: _____ Phone: (____) _____ Email: _____

Address: _____ Zip: _____

NWA Member Yes () No () Student Yes () No ()

Course Name and Dates: _____

Course Description: (Attach description of the course as provided by the school/instructor)

Describe your woodworking experience (include other woodworking courses). Attach 3 photos of your work, if available.

How will this course enhance your woodworking expertise?

References: (Please provide the names and phone numbers of two members who support your application.)

(1) _____ Phone: _____ (2) _____ Phone: _____

Budget

Tuition: _____ \$ _____

Other course costs: _____ \$ _____

Materials (Specify): _____ \$ _____

Room: (x nights at \$y at z motel) _____ \$ _____

Meals: _____ \$ _____

Other: _____ \$ _____

TOTAL \$ _____

GRANT REQUEST \$ _____

Signature: _____ Date: _____

Mail six copies to Tom Osborne 44 Pashley Rd Glenville, NY 12302