Shelia W. Howey Scholarship Program Application Form



Scholarship Program is for members only and is to be used for attendance at classes offered or sponsored by affiliate members or the SCBS Annual

Bead Retreat. Awards are limited to one-half of the instructional portion of the class not to exceed \$50.00.

Personal Information:				
Last Name:	First Name	First Name:		
Address:	City:	State:	Zip:	
Telephone Number: ()	Email Address:			
Has been a member of the SCBS for ful	Il year prior to today's date? Yes /	No (circle one)		
Has attended & signed in at least two S	SCBS Membership meetings: Yes / N	lo (circle one)		
Has received an SCBS scholarship with	in the last 6 months? Yes / No $$ (circ	le one)		
Class Information:				
Date(s) of Class:Lo	ocation:			
Name of Class:				
Instructor:				
Total cost of instruction (do not include	e price of kit):			
Sponsoring Affiliate (if not at store loca	ation):		_	
Essay Required: Applicant must provide				
the specific class.				
Signature	Date			