

Eastern Long Island Quilters Guild - Scholarship Application

Name: _____

Address: _____

Phone: _____ Email: _____



Class/Bus Trip you wish to attend: _____ Date _____



Number of years quilting _____

Number of years membership in ELIQG _____ Other Guild Memberships? _____

Did you volunteer at the last Guild Show? _____ Yes _____ No _____



A short paragraph about why you would like to take this class/trip:

Signature _____ Date _____

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