



## Hermann Zapf Education Fund

### SCHOLARSHIP APPLICATION

Name: \_\_\_\_\_

Phone (check preferred number) —

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

Home: \_\_\_\_\_

\_\_\_\_\_

Work: \_\_\_\_\_

\_\_\_\_\_

Cell: \_\_\_\_\_

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

Purpose (be as specific as possible; include names, dates, place, etc.):

\_\_\_\_\_  
\_\_\_\_\_

Amount requested (limit \$1,000): \_\_\_\_\_

Describe your training — Briefly list courses taken:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why do you feel you should be awarded this scholarship? (Use an extra sheet of paper if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please send this application along with 3 to 5 samples of your artwork (non-returnable, black and white photocopies only) to:

**WCG Scholarships Chairman**

**PO Box 3688**

**Merrifield, VA 22116-3688**

**NOTE:** To preserve the nature of a blind entry, please *do not* label samples with your name or any identifying information.

**Open to Washington Calligraphers Guild members only**