



HERMANN ZAPF EDUCATION SCHOLARSHIP APPLICATION

Name _____ Phone Home: _____

Address _____ Work: _____

_____ Email _____

Proposal: *(be as specific as possible; include names, dates, place, etc. - use extra paper as needed)*

Amount Requested (*limit \$1000*): _____

Describe your training: *briefly list history of instructors & classes 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 showing *Foundational, Italic,* and *Roman* hands (JPEGs or photocopies in color or black/white) no later than **November 1, 2022**, to:

WCG Scholarships Chairman, 5513 Lincoln St., Bethesda, MD 20817

Email jpeg to: morkaleg@yahoo.com

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

Open to those individuals who have been WCG members for at least one year.