

Roland Hege Memorial Scholarship

Application Form

Name of Applicant: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

E-Mail: _____

Educational experience you wish to attend:

School: _____

Course: _____

Instructor: _____

Date: _____

Class Fee: _____

If your application is approved for the Roland Hege Memorial Scholarship, you agree to perform a demonstration of your newly acquired skills learned during the class attended at a club meeting demonstration or at a scheduled workshop for the members of the Southern Piedmont Woodturners within a four (4) month period.

Applicant Signature

Date