

**Piedmont Fiber Guild Application For  
Teach It Forward Educational Assistance**

Name\_\_\_\_\_

Street Address\_\_\_\_\_

City/State/Zip\_\_\_\_\_

Home Phone\_\_\_\_\_ Work/Cell\_\_\_\_\_

E-Mail Address\_\_\_\_\_

References (Two people in the fiber field who know you and your work.)

Name\_\_\_\_\_

Address\_\_\_\_\_

Phone\_\_\_\_\_

Name\_\_\_\_\_

Address\_\_\_\_\_

Phone\_\_\_\_\_

Name of school and/or provider of instruction\_\_\_\_\_

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Date/dates of class\_\_\_\_\_

Title and short description of course (attach brochure if available)

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Costs associated with the class

a. Tuition\_\_\_\_\_

b. Supplies and materials fees\_\_\_\_\_

c. Room and board\_\_\_\_\_

c. Travel costs\_\_\_\_\_

Amount of money you are requesting\_\_\_\_\_

Minimum amount of assistance needed to enable you to attend this class/workshop\_\_\_\_\_

In return for this assistance I agree to provide, without personal compensation, a workshop for the Piedmont Fiber Guild relating to the material learned as a result of this assistance within 12 months of my attendance. If for any reason I am unable to meet this condition of assistance, I will make arrangements with the board to repay the monies given to me.

By signing and submitting this request, I agree to abide by all regulations governing this Educational Assistance Fund.

Signature\_\_\_\_\_ Date\_\_\_\_\_