



# Mearl K. Gable II Grant

## Application

The Mearl K. Gable II Grant was established in 2000 to honor this generous supporter of the Weavers Guild of the North Shore and the fiber art community. The fund awards grants in amounts of \$100 or more per individual. The application is open to HGA members for study in non-accredited programs for any skill level.

## Applicant Contact

### Information

First Name \*

Middle Name

Last Name \*

Email \*

Phone \*

Address Line 1 \*

Address Line 2

City \*

State \*

Zip \*

Country \*

# References

Provide two references, preferably from the fiber art community, who are familiar with you and your work.

1st  
Reference  
Name \*

1st  
Reference  
Email \*

1st  
Reference  
Phone \*

2nd  
Reference  
Name \*

2nd  
Reference  
Email \*

2nd  
Reference  
Phone \*

# Program Information

1. Name of school and/or instructor providing program of study: \*

2. Date(s) of instruction: \*

3. Program website (if applicable): \*

**4. Title and short description of the program: \***

**5. Expenses associated with program of study:**

**Tuition:**

**Supplies & Materials:**

**Room & Board:**

**Travel:**

**Total Fees: \***

**6. Amount of money you are requesting: \***

**7. If the grant committee can only provide part of the amount requested in question #6, how will you cover the additional expenses? \***

**8. Provide a personal statement pertaining to your background, current activities and future goals in the fiber art field. How will this program of study help you achieve your goals? \***

## **Optional Application**

### **Materials**

**You may submit, but are not required, an artist resume and a brochure for the program of study as part of this application. Instructions will be provided in the confirmation of receipt email.**

# Applicant Statements

The Mearl K. Gable II Memorial Grant requires that all recipients make a report (presentation, program, samples, etc.) to the Weavers Guild of the North Shore, Inc. (WGNS) within six months of completing their studies. If selected to receive this grant, I agree to submit my report to the WGNS.

I agree

**To the best of my knowledge, all statements and accompanying information in this application are true and correct. I have read the rules and regulations and agree to abide by them. I give HGA permission to publish images of my work.**

I agree

Submit

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