

Hand Weaver, Spinners & Dyers of Alberta
HWSDA Grants for Guilds Workshop Proposal

Please fill out all the information asked for. Incomplete applications will not be accepted.

Guild/Group Name: _____
Address: _____ _____
Contact Name: _____
Contact email: _____
Contact Phone number: _____

Name of Workshop: _____

Instructor's Name: _____

Date(s) of Workshop: _____

Location of Workshop: _____

Number of Participants: _____

Are participants HWSDA members?: Yes or No (Please circle) Number of HWSDA members?: _____

Is workshop open to public?: Yes or No (Please circle)

Approximate Cost to Guild of Workshop: _____

Amount of grant requested _____

Approximate Workshop Cost to Participants: _____

Will Workshop be advertised in Running Threads? _____

Will Workshop be advertised on HWSDA website? _____

If Workshop Proposal is successful, please indicate name to be put on cheque:

Workshop Description: (Please use back of page if additional space is required) How does this workshop benefit your guild?

For HWSDA use only

Date received _____

Proposal accepted yes ___ no ___

cheque number ___