**Application for WSO 100 Club Education Grants – Page 1**

|  |  |
| --- | --- |
| **Date Requested:**  **Time sent:** | **Amount of Request:** $ |
| **Critique Group Name:** | |
| **Two WSO Members in Your Group:** | Name: |
| Name: |
| **WSO Member Activity Coordinator:** | Name:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email: |
| **Name of Instructor or Guide:** |  |
| **Activity Focus (learning objective):** |  |
| **Activity Dates and Length:** |  |
| **Facility Name:** |  |
| **Location of Facility:** |  |
| **Estimated number of participants:**  (Minimum 4) |  |
|  |  |
| **Estimated Costs:** | Instructor or guide fees: $ |
| Facility costs: $ |
| Other costs: $ |

**Application for WSO 100 Club Education Grants – Page 2**

|  |  |  |
| --- | --- | --- |
| **List of Participants** | | **WSO Member?**  **YES/NO** |
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*At least one month in advance of the activity date email your completed Educational Activity Application Form to the   
WSO 100 Club Education Chair: NAME, xxxxxxxxxx@yyyyyy.com*

**APPROVAL:**

**WSO 100 Club Education Chair**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Date)