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

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| --- | --- |
| **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**

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| **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)