



Reflections on Erie's Waters Workshop Scholarship Application

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|---|--------------------------|--------------------------------------|--------------------------------|---------------------------------------|-----------------------------------|--------------------------|--|
| Workshop Participant Name: | | | | | | | |
| Contact Name: | | | | | | | |
| Address: | | | | | | | |
| | | | | | | | |
| Phone: | | Email: | | | | | |
| To which workshop are you applying? | | | | | | | |
| <input type="checkbox"/> Poetry | <input type="checkbox"/> | <input type="checkbox"/> Photography | <input type="checkbox"/> Music | <input type="checkbox"/> Storytelling | <input type="checkbox"/> Painting | <input type="checkbox"/> | |
| Please write a short (200-500 words) statement of need: | | | | | | | |
| | | | | | | | |

Please email completed form to director@eriecanalmuseum.org.