



Please mail this form to:

Masscribes Inc.  
133 Waverly Street  
Arlington, MA 02476

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## EDUCATION GRANT APPLICATION

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Name \_\_\_\_\_ Date \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Date of Event you are applying for \_\_\_\_\_ Registration deadline \_\_\_\_\_

Name of Event you are applying for \_\_\_\_\_

Event contact person \_\_\_\_\_ Phone # \_\_\_\_\_

Event Registration address \_\_\_\_\_

Event website \_\_\_\_\_

Cost of event \_\_\_\_\_ Amount you are requesting \_\_\_\_\_

Please explain why you are applying and how you hope to benefit from the event. Use back of sheet if necessary.

I understand that by accepting a Masscribes Education Grant, I am agreeing to submit an article describing my experience to INKSPOTS for the issue following the event, or perform other mutually agreed-upon service to Masscribes. If I am unable to attend the event for ANY reason, I will reimburse Masscribes for the grant amount; failure to repay within six months may result in legal action and revocation of my Masscribes membership. I understand that the grant is not transferrable to anyone else, and may be used only for the designated purpose.

Signature \_\_\_\_\_ Date \_\_\_\_\_