



Please mail this form to:

Masscribes Inc.
PO Box 67132
Chestnut Hill MA 02467

EDUCATION GRANT APPLICATION

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 _____