

Judith Drury Memorial Scholarship Application

Stowe Basketry Festival

39 Edson Hill Road

Stowe, VT 05672

Applicant Name: _____

Applicant Address: _____

Applicant Phone: _____

Applicant email address: _____

Number of years in attendance at Stowe Basketry Festival: _____

Please indicate the circumstances that have led you to apply for this scholarship. Please include any obstacles that have prevented you from attending as well as your goals if you are awarded a scholarship. Please indicate the monetary amount that you would need to be able to participate. Additional comments from others may be included (teachers, mentors, family members, etc.)

Please apply early for the best selection of classes. Each application will be considered by a select panel. Applications may be mailed to Merry Vigneau, Stowe Basketry Festival, 39 Edson Hill Road, Stowe, VT 05672 or emailed to merryv@roundhearth.com.

Signature _____

Date _____