



Area V
American Guild of English Handbell Ringers, Inc.

BARBARA KANE SCHOLARSHIP PROGRAM
APPLICATION

Name: _____

Address: _____

(Number and Street)

(City, State, Zip)

Daytime phone: _____ Evening phone: _____

Have you received an Area V, AGEHR scholarship previously? _____

Year: _____ Amount: _____ Event: _____

Sponsoring AGEHR Organization: Membership number: _____

Name and address: _____

Conference you would like to attend: _____

Location: _____ Dates: _____

Published Base Registration Fee: \$ _____

Have you attended this event in previous years? _____ Years: _____

Is your attendance at this event dependent upon receiving this scholarship? _____

Please give us information on your background in handbell ringing:

Please give a brief summary of what you expect to learn from this event and how this scholarship can assist you in your situation (use a separate page, if needed): _____

I have read the *Area V Barbara Kane Scholarship Program Awards Procedure* policies and submit this application based upon these policies.

Applicant's signature _____ Date _____

Return to: Lois Coffey, 650 Forest Circle, South Charleston, WV 25303. Questions - lois.coffey@gmail.com

Deadline for postmark or fax receipt is March 15. Recipients will be notified of award by April 15.