

Georgia Custom Knifemakers' Guild John Poythress Scholarship Fund Application

The John Poythress Scholarship Fund was established in memory of the founding President of the Georgia Knifemakers' Guild. John was taken from us unexpectedly in 2005 and this fund was created by family and friends in memory of his passion for the art of knife making. This Scholarship will provide reimbursement according to the number of continuous years of active membership in the Guild and shall be approved by the Board of Directors. From 1-6 years of active membership, the recipient will receive \$600; 7-10 years of active membership the recipient will receive \$800; and 11+ years of active membership the recipient will receive \$1,000. The money can only be used to pay the course tuition and any related supplies used by the student. Applicants should contact the Scholarship Director prior to attending a course to verify that the particular class, school, or member knife-maker teaching the course has been approved.

There are requirements and obligations that the applicant must meet in order to receive this scholarship and he/she hereby agrees to the following terms:

1. The course must be attended within 1 year of approval of the application unless waived by the Board.
2. Membership in G.C.K.G must be current and paid in full at time of approval and at time of reimbursement for the class.
3. You must be a member of G.C.K.G. for at least one year prior to applying.
4. Reimbursement will be made after proof of satisfactory attendance is submitted, a knife is donated for the Scholarship drawing at a Guild meeting, and a demonstration of an acquired skill is presented. All of these shall be completed within 3 scheduled meetings after the class is taken. Once requirements are completed, a check will be given to the member for the appropriate amount.
5. Applicants will not be eligible for another scholarship for three (3) years following receipt of a scholarship.

Name (print): _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

Date You Joined G.C.K.G.: _____

What Course Are You Planning to Take: _____

I hereby certify that all of the information I have provided on this application is true and correct.

Signature: _____

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Approved by: _____ Date: _____