

**Convention Scholarship  
For Art Educators Currently Employed in Ohio Schools  
Heart of Ohio Tole Chapter Convention  
August 8-13, 2011**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Preferred Contact: Home Phone:** (\_\_\_\_\_) \_\_\_\_\_

**(Please list two) Work Phone:** (\_\_\_\_\_) \_\_\_\_\_

**Cell Phone:** (\_\_\_\_\_) \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Currently teaching at what OHIO school:** \_\_\_\_\_

**City** \_\_\_\_\_

**What are you teaching:** \_\_\_\_\_

**Grade Level** \_\_\_\_\_

**Can you attend any part of the convention during the above listed dates?** \_\_\_\_\_

**Do you have or can you acquire painting supplies so you can participate in the convention classes?** \_\_\_\_\_

**Are you a member of the Heart of Ohio Tole Chapter, Inc.?** \_\_\_\_\_

**My signature on this application signifies that I accept and will follow the rules of this scholarship program and the regulations governing the Heart of Ohio Tole Chapter, Inc. and the Heart of Ohio Tole Convention.**

**Please mail this completed application to:**

**Heart of Ohio Tole Chapter, Inc.  
Scholarship  
P. O. Box 626  
Reynoldsburg, OH. 43068-0626**

Heart of Ohio Tole Chapter, Inc. hereby gives notice that various paintings, finishes and solvents are being used during the convention. Each participant is responsible for assessing their own potential risk of exposure to these products and their components before electing to participate in this event. Heart of Ohio Tole, Inc., its teachers, and agents; assume no liability for the participant's use or exposure to these paints, finishes or solvents; the same being specifically assumed by the participant.

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