

Application for LIBRAS Professional Development Grant

Name:

Date:

Address (for reimbursement):

LIBRAS Institution:

Home Address:

Telephone Number:

Type of Program:

LTA

Masters

Doctoral

Name of school you are entering:

Date of Entrance:

Anticipated Date of Graduation:

Date accepted by the above institution:

Are you presently enrolled? If yes, attach documentation.

Yes

No

Schools Attended

High School:

Graduation Date:

Colleges:

Name of College

Location

Dates Attended

Degree(s)

**** A copy of all college or university transcripts must be submitted to LIBRAS by August 15 of the membership year.**

College Extracurricular Activities (include any offices held):

Association and Organization Affiliations (include any offices held):

Employment History

List employers and positions held in chronological order, including any library experience.

Employer (include address and phone number) Position Dates

Please state briefly why you are pursuing a career in the field of library and information science.

Please submit one letter of reference from a LIBRAS library director.

Send application, together with transcripts and the letter of recommendation to the LIBRAS Past President/Continuing Education Coordinator (address is available on LIBRAS website <http://www.libras.org>) by August 15.