



Northern Lights Library Network (NLLN)

CONTINUING EDUCATION AND PROFESSIONAL ENGAGEMENT SCHOLARSHIP APPLICATION

Name _____ Date of Application: _____

- A. Applicant position title, employer, library or library affiliate, address, email, telephone and fax number. If you are not a librarian, include the name and email address of your partner library employee and describe how attendance will strengthen your collaboration.

- B. Describe training event, including dates and location. Attach description, if available (brochure or agenda).

- C. Please describe how attending this event will support you and impact the people you serve.

- D. Have you received an NLLN scholarship already this year? Yes No

E. If yes, please list the date and amount received: _____ \$ _____

- F. Are you receiving assistance for this event from any other source? Yes No

G. If yes, please list the amount \$ _____

*Please check application type below. *See Application Guidelines*

- H. Continuing Education Application Professional Engagement Application

I. Proposed NLLN Amount Requested _____ (fill out Expense Worksheet on next page)

Expenses: Complete this Expense Worksheet for Scholarship.

Upon completion of event Receipts and Report required within 30 Days of event to receive payment.

Name: _____

Address: _____

Name of Event: _____ Date of Event: _____

Expense Category	Proposed Expenses Requested for Reimbursement	Actual Expenses Requested for reimbursement. Complete this column and report section when submitting receipts for reimbursement.	Office Use Only: <i>Amount approved</i>
Registration Tuition			
Transportation: Number of Miles•			
Lodging			
Meals			
Parking			
Required Materials			
Other			
TOTAL expenses:			

•Mileage is for the use of a personal vehicle – only one person per vehicle may request mileage. Applicants are eligible for up to 3 scholarships a fiscal year; for a total amount not to exceed \$500 for continuing education scholarships or \$1,000 for professional development scholarships. Scholarships will be awarded as long as funds are available.

Date Report Submitted: _____

Office Use - Date Approved: _____ Date Notified: _____

Date Receipts Received: _____ Date Report Received: _____

Date Reimbursement Approved: _____ Signature: _____

Amount paid: _____ Check Number: _____ Date: _____

J. Report following Approved Application (fill in when submitting final receipts, 150-350 words).

The application form is a fill-in PDF that can be saved and attached to an email.

Please submit the application materials in electronic format via email to

Deb.Keena@nlln.org

or by Fax to: 218-477-2937

Questions about this scholarship program or in need assistance?

Please contact the NLLN Office at 218-477-2926. Thank you.

www.nlln.org

