

## **MAHSLIN Professional Development Fund Application**

Name:		Job Title:	
Library:		Full T	'ime: □ Part Time: □
Organization:			
Address:			
Phone:	Email:		
	of MAHSLIN are eligible for ust be paid before applying	•	
•	any fees associated with a fees, continuing education	•	ırse including
Amount requested Please note the ma	l: \$ eximum award is \$500 per	person per year.	
What level of insti	tutional financial support d	o you receive? None: $\Box$	Partial: □ Full: □
Provide a descrip	otion of the conference/co	ourse.	

State your goal, and describe in detail what you expect to take away from this conference.
How will attending this conference/course influence your current position?
Your signature indicates that you agree to write and publish a summary of the conference/course on MAHSLIN's blog within 2 months of completion. Blog activities should be emailed to the Publicity Chair for posting. Within a month of the grant award activity, a check request form with appropriate documentation must be submitted to the Education Chair, who will then forward it to the Treasurer for payment. All documentation and check requests must be completed by December 1 of the calendar year for which the grant was awarded. Any delay will result in reimbursement rejection.
Signature: Date:

After reviewing the form for completeness, please email application to the Education chair.