LTAIG Bursary

Award Application

(To be returned by March 1 or August 31, 2013)

GENERAL INFORMATION:			
NAME (Mr., Ms., Miss, Mrs.):		
ADDRESS:			
(Street No.)	(City)	(Province)	(Postal Code)
	NL Reside		
Have you applied for or rec	eived funding from another	source?	
Applied Received Received	Neither		
Where?			
What amount?			
What level of funding do yo	ou think you will need?		
less than \$100 \$1	00-\$300 🗖 \$300 - \$500		
How is the funding to be us	ed?		
Library School/Coursew	ork Conference Attend	ance	
FOR LIBRARY SCHOOL/Cour	sework APPLICANTS:		
Have you been accepted by	to an accredited library pro	gram? yes no	
Where?			
Length of course:			
Degree/Diploma/Certificate	e to be granted:		
What is your chief reason fo	or requesting this bursary? (A	Attach additional pages	s if necessary with breakdowi
of how bursary will be used)		

How do you see th	How do you see that this bursary will enhance or enrich your professional life?					
ALL APPLICANTS:						
Please provide the	e names and addresses of	three references.				
1. NAME:						
ADDRESS:						
PHONE:	(work)	(home)	(fax)			
POSITION:						
PHONE:	(work)	(home)	(fax)			
POSITION:						
3. NAME:						
ADDRESS:						
PHONE:	(work)	(home)	(fax)			
POSITION:						
PLEASE INCLUDE A	A RESUME WHICH INCLUE	DES EDUCATION, WORK EXP	ERIENCE AND AN'			
OTHER PERTINENT	Γ INFORMATION.					
Signature:						

LTAIG Bursary	
c/o NLLA	

Please return application form to:

Newfoundland and Labrador Library Association

PO Box 23192

Churchill Square, St.John's, NL

A1B 4J9

The personal information collected on this application will be used solely for assessing the suitability of LTAIG Bursary applicants and for administrative purposes (including communication with applicants and references, announcing recipients and administering funds), and for no other purpose. If you have any questions about the collection or use of this information, please contact Julia Mayo NLLA LTA Representative <u>juliamayo@nlpl.ca</u>.