April 13, 2018

**GENERAL INFORMATION** 

NAME:

| ADDRI          | ESS:                                |  |   |                   |    |  |
|----------------|-------------------------------------|--|---|-------------------|----|--|
|                | (Street No.)                        | (City)   | (Province)                                    | (Postal Code)     |    |  |
| EMAIL          | ADDRESS:                            |  |   |                   |    |  |
|                | HONE #:                             |  |   |                   |    |  |
| HOME           | /CELL:                              |  | WORK:   |                   |    |  |
| NL RES         | SIDENT: YES                         | NO   |   |                   |    |  |
| А. То<br>В. То | cover the cost of cover the cost of |  | th conference attend<br>sociated with confere |                   |    |  |
| Indica         | te estimated tota                   | JNDING ARE YOU AP<br>I based on most ecor<br>Idland, \$1000 max fo | nomical means of trar                         | nsport            |    |  |
| PLEAS          | E PROVIDE THE D                     | ETAILS OF THE ABOV   | 'E SELECTION (see bui                         | rsary guidelines) |    |  |
|                |                                     |  |   |                   |    |  |
|                |                                     |  |   |                   |    |  |
|                |                                     |  |   |                   |    |  |
|                |                                     |  |   |                   |    |  |
| lf yes,        |                                     | R OR RECEIVED FUND   | DING FROM ANOTHER                             | SOURCE? YES       | NO |  |
|                | e?<br>amount?                       |  |   |                   |    |  |

## April 13, 2018

## PLEASE ATTACH A RESUME WHICH INCLUDES; EDUCATION, WORK EXPERIENCE AND ANY OTHER PERTINENT INFORMATION.

SIGNATURE:

DATE:

EMPLOYER/SUPERVISOR AUTHORIZATION AND/OR CONTACT INFORMATION:

EMPLOYER/SUPERVISOR COMMENTS ARE WELCOME BUT OPTIONAL:

## PLEASE RETURN APPLICATION FORM TO:

**OR EMAIL:** 

Attn: Melissa Feaver C/O Conference Committee Newfoundland and Labrador Library Association PO Box 23192 Churchill Square, St. John's, NL A1B 4J9

Melissa Feaver mmelissa\_feaver@hotmail.com Subject: Conference Bursary

The personal information collected on this application will be used solely for assessing the suitability of Spring Conference 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 NLLA VP <u>Kate</u> <u>Shore</u>.