***MLA/PHIL*** - ***Philadelphia Regional Chapter / Medical Library Association***  **Grant Program for Professional Development**

**APPLICATION FORM**

Please complete and send via email with other requested documents Chair, Awards/Nominating Committee

Name:

Address:

Phone (W) (H)

Employer:

E-mail address :

This grant will be used for:

$\_\_\_\_ Conference Registration

$\_\_\_\_ Continuing Education Class | Name of class\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

$\_\_\_\_ Total amount requested

ADDITIONAL DOCUMENTATION REQUIRED:

1. Personal statement: In no more than one page, justify your need for this grant in terms of your professional development, your commitment to the profession, and financial need. Please include any factors you consider relevant to the Committee’s decision.
2. Resume: to include education, employment and professional association activities.