***DESCRIPTION****:* In honor of Jane Lopp, two $50 awards are available to help cover MLA Annual Conference registration fees for first year Library Trustees who are current MLA members.

**1. NAME:** *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**LAST FIRST MIDDLE**

**2.** **ADDRESS:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# **NUMBER & STREET CITY STATE ZIP**

**3.** **LIBRARY:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**4.** **PHONE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**WORK HOME**

**5.** **EMAIL:** *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**6. NUMBER OF DAYS YOU PLAN TO ATTEND MLA CONFERENCE** \_\_\_\_\_\_\_\_\_\_\_\_\_

**7. OFFICIAL START DATE AS LIBRARY TRUSTEE ­­­\_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_**

 **YEAR MONTH**

**8*.*****DO YOU HAVE A CURRENT MLA MEMBERSHIP?**

* Yes
* No

If yes, list length of continuous MLA membership in years: \_\_\_\_\_\_\_\_\_

 **10. HAVE YOU PREVIOUSLY RECEIVED AN MLA CONFERENCE GRANT?**

* Yes
* No

If yes, in what year ­­\_\_\_\_\_\_\_\_\_\_\_

**9. HAVE YOU EVER RECEIVED *ANY* OTHER MLA GRANTS?**

* Yes
* No

If yes, list year and type of grant received ­­­\_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **YEAR GRANT**

\*\* If you have received more than one, include information in email with completed application. \*\*

**11. LIST THE NUMBER OF MILES YOU LIVE FROM THE CONFERENCE SITE:** \_\_\_\_\_\_\_\_\_\_\_

**APPLICANT’S SIGNATURE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DATE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

PLEASE EMAIL (1) COPY OF THE COMPLETED APPLICATION TO: pamc@missoula.lib.mt.us

Updated June 2021