***DESCRIPTION****:* Fifteen $175 travel grants are available to current MLA members who will be attending the Montana Library Association Annual Conference. Up to five (5) of the 15 grants will be awarded to new members belonging to the Montana Library Association for two (2) years or less.

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

* Yes
* No

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

**8. ARE YOU APPLYING FOR ONE OF THE CONFERENCE GRANTS DESIGNATED FOR NEW MEMBERS?**

* Yes
* No

If yes, please list month and year when you first became an MLA member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

* Yes
* No

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

**10. 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