

NCCCLA YEAR Conference Grant Application

Applicant:				
Address:				
City:	State:	Zip:		
Work Phone:				
E-mail:				
Job Title:				
Employer:				
Employer's Address:				
Supervisor's Title:				
Supervisor's Email:				
Education:				
Honors, Awards & Pub	olications:			

Activities in local, state, regional or national associations; include dates of membership, offices held, and committees served on:

Essay

IN NO MORE THAN 500 WORDS, PLEASE JUSTIFY YOUR NEED FOR THIS GRANT IN TERMS OF YOUR PROFESSIONAL DEVELOPMENT AND YOUR COMMITMENT TO THE PROFESSION. PLEASE CONSIDER THE CRITERIA LISTED BELOW WHILE WRITING YOUR ESSAY.

- 1. Recipients will confirm in writing with the NCCCLA Scholarship Committee that he or she will be able to attend the NCCCLA Conference.
- 2. Recipients will provide confirmation in writing from his or her employer that he or she has the approval to accept the grant and to meet the requirements of conference attendance.
- 3. If the recipient is unable to complete the terms of this grant, he or she must notify the NCCCLA Scholarship Committee and return any funds received under the grant.
- 4. Recipients will submit receipts to the NCCCLA Treasurer for reimbursement (up to \$200)
- 5. Recipients will respond to a follow-up survey by the NCCCLA Board and will be strongly encouraged to participate in a committee with NCCCLA in the following years.
- 6. Past recipients may not apply

You may send or attach your essay as an additional document.

IF SELECTED TO RECEIVE THIS STIPEND, I AGREE TO ADHERE TO THE CRITERIA LISTED ABOVE.

APPLICANT'S SIGNATURE:

SUPERVISOR'S SIGNATURE:

Submit application via email to:

Alisha M. Webb, MLIS Instructional Librarian Guilford Technical Community College awebb@forsythtech.edu

Scholarships awarded without regard to race, creed, sex, religion, or national origin.