



Professional Development Grant Application

Date:	Click here to enter a date.	Employer:	
Full Name:		Employer's Address:	
Work Phone:		Supervisor's Name:	
E-mail:		Supervisor's Title:	
Job Title:		Supervisor's E-mail:	
Education:			
Honors, Awards, Publications:			
How did you learn about the grant?			
Activities in local, state, regional or national associations; include dates of membership, offices held, and committees served on:			
CLICK HERE TO ENTER TEXT.			
Essay			
<p>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.</p> <ol style="list-style-type: none"> 1. Recipients will provide confirmation in writing from his or her employer that he or she has approval to accept the grant and to meet the requirements of the professional development grant. 2. If the recipient is unable to complete the terms of this grant, he or she must notify the NCCCLA Awards Committee and return any funds received under the grant. 3. Recipients will submit receipts to the NCCCLA Treasurer for reimbursement (up to \$200) 4. Recipients will respond to a follow-up survey by the NCCCLA Board and will be strongly encouraged to share their experiences at the NCCCLA conference or a district meeting in the following months. 5. Past recipients may not apply. 			



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IF SELECTED TO RECEIVE THIS STIPEND, I AGREE TO ADHERE TO THE CRITERIA LISTED ABOVE.	
APPLICANT'S SIGNATURE:	
SUPERVISOR'S SIGNATURE:	
APPLICATIONS ACCEPTED BY:	
E-MAIL: Alisha Webb awebb@forsythtech.edu	MAIL: Alisha M. Webb, MLIS Instructional Librarian Forsyth Technical Community College 2100 Silas Creek Parkway Winston-Salem, NC 27103 336.734.7218