LAW LIBRARIANS OF NEW ENGLAND SCHOLARSHIP APPLICATION FOR LINE MEETING ATTENDANCE

Please Type or Print Clearly

| 1. | NameDate | |
|-----|--|---------|
| 2. | Address: | |
| | Phone: () | |
| 3. | For what purpose will you use this scholarship? | |
| | | |
| 4. | Are you a member of LLNE? If yes, when did you join? | |
| 5. | Are you a member of AALL? If yes, when did you join? | |
| 6. | Have you attended LLNE meetings? What years? | |
| | Have you attended AALL meetings or institutes? What years? | |
| 7. | Have you received a LLNE scholarship before? If yes, please give year and am | ount. |
| 8. | Will your employer pay any of your expenses to attend this meeting? | |
| | If yes, please indicate what portion. | |
| 9. | What are your estimated expenses for this meeting? Registration | |
| | Travel Per Diem | |
| 10. | . Please list membership on LLNE committees: (past & current) | |
| | | |
| | | |
| 11. | . List other professional activities: | |
| | | |
| | | |
| 12. | . Law Library employment: (most recent first, place of employment, job title, length of so | ervice) |
| | | |
| | | |

| 13. Other relevant employment: | |
|--------------------------------------|--|
| 14. Briefly describe your duties and | responsibilities in your current job: |
| | ools attended, degrees, certificates): |
| 16. What is your career goal? | |
| | from attendance at this meeting? |
| | ard, and if for any reason I cannot attend or my employer decides to I shall return the award money (or portion thereof) to the Chair of the |
| (Applicant's Signature) | (Date) |
| Please return to: | |
| Mary Ann Neary | |
| Boston College Law Library | |
| 885 Centre Street | |
| Newton, MA 02459-1154 | |

Fax: 617-552-2889