LAW LIBRARIANS OF NEW ENGLAND  
SCHOLARSHIP APPLICATION FOR  
LLNE MEETING ATTENDANCE

Please Type or Print Clearly

1. Name _________________________________ Date ____________________

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 amount.
   ____________________________________________________________________

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 service)

______________________________________________________________________

______________________________________________________________________
13. Other relevant employment: ________________________________________________
                                                                                      ________________________________________________
                                                                                      ________________________________________________
                                                                                      ________________________________________________

14. Briefly describe your duties and responsibilities in your current job: ______________
                                                                                      ________________________________________________
                                                                                      ________________________________________________
                                                                                      ________________________________________________
                                                                                      ________________________________________________

15. Educational background (list schools attended, degrees, certificates): ______________
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16. What is your career goal? __________________________________________________________
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                                                                                      ________________________________________________
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17. How do you feel you will benefit from attendance at this meeting? ______________
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                                                                                      ________________________________________________

If I receive a LLNE Scholarship Award, and if for any reason I cannot attend or my employer decides to pay all or a portion of my expenses, I shall return the award money (or portion thereof) to the Chair of the LLNE Scholarship Committee.

___________________________________________________________________________________

(Applicant’s Signature) (Date)

Please return to:

Liza Rosenof
Suffolk University Law School
120 Tremont Street
Boston, MA 02108
Email: lrosenof@suffolk.edu