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SCHOLARSHIP APPLICATION TO ATTEND AALL ANNUAL MEETING OR INSTITUTE

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? ______ Please list membership on LLNE committees: (past & current) 5. Are you a member of AALL? ______If yes, when did you join? ______ 6. Have you attended LLNE meetings? ______What years? _____ 7. Have you attended AALL meetings or institutes? ______ What years? _____ 8. Have you received a LLNE scholarship before? If yes, please state year and amount. 9. Will your employer pay any of your expenses to attend this meeting? ________ If yes, please indicate amount. ______ 10. Have you applied for or received other scholarship support to attend this meeting? Please supply details including amount awarded.

11. What are your estimated expenses for this mee	ting?
Registration:	_
Travel:	_
Per Diem:	_
12. List other professional activities:	
13. Law Library employment: (most recent first, pla service)	ce of employment, job title, length of
	_
(Applicant's Signature)	(Date)
Please return to:	
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Boston, MA 02108	

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