

LAW LIBRARIANS OF NEW ENGLAND

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 meeting?

Registration: _____

Travel: _____

Per Diem: _____

12. List other professional activities: _____

13. Law Library employment: (most recent first, place of employment, job title, length of service)

(Applicant's Signature)

(Date)

Please return to:

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