Law Librarians of New England Scholarship Application

LLNE members seeking financial support to attend conferences, workshops, and academic programs must complete this form. **All applications must be accompanied by a current resume**.

Please note that the Scholarship Committee reviews the applications; all funding is at the discretion of the LLNE Executive Board.

	5 F					
1.	. Name:					
2.	. Date:					
3.	. Address:					
4.						
5.						
6.	Purpose of Scholarship (check one):					
	□LLNE (please spe	cify)				
	□AALL(please spe	cify)				
	□Academic (please	specify)				
	☐Continuing Education	(please specify)				
Please	e attach a brochure or supply the link to the website for this r	neeting/conference/class.				
7.	. Are you a member of LLNE? If yes, when did	you join?				
8.						
9.	If yes, for what purpose and what amount?					
10	0. Will your employer pay any of your expenses to attend this meeting/class? If yes, how much?					
11	1. What are your estimated expenses for this meeting/class?					
Re	egistration:					
	ravel:					
	1eals:					
	uition:					
Во	ooks & Supplies:					

Please Type or Print Clearly

12.	List your membership on LLN	∃ committees (past and	d present):			
13.	List other professional activities:					
14.	What are your career goals and how will the conference/workshop/class further those goals?					
	sive an LLNE Scholarship Awarss, I shall return the award mone					
(Applic	ant's Signature)		_	(Date)		
Return t	to:					
Dawn S	Smith, Chair					
dawn.sr	mith@yale.edu					