

SCALL GRANT APPLICATION

APPLICANT INFORMATION

Name	
Employer	
Position	
Address	
Telephone	Fax
E-mail	
SCALL Member? <input type="checkbox"/> Yes / <input type="checkbox"/> No	How long?

MEETING/CONFERENCE INFORMATION

Meeting	
Location	Date

GRANT REQUEST

Please indicate in the Estimated Expenses column the actual cost of registration, travel, and lodging. In the Amount Requested column, indicate how much of the requested grant will be applied to each category.

	Estimated Expenses	Amount Requested
Registration	\$	\$
Travel	\$	\$
Lodging	\$	\$
Total	\$	\$
My employer will fund <input type="checkbox"/> Registration / <input type="checkbox"/> Transportation / <input type="checkbox"/> Lodging / <input type="checkbox"/> None.		
If I do not receive a SCALL Grant, I <input type="checkbox"/> will / <input type="checkbox"/> will not be able to attend.		

Describe your participation in SCALL (offices held, committees, etc.).

List other professional activities (AALL, SLA, ASIST, etc.).

Continued on next page.

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I expect to benefit from attending this conference in the following ways:

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If I am a SCALL Grant recipient and do not attend this conference, I will return all Grant funds to the SCALL Treasurer. (Typing your name here will serve as your signature.)

Signature	Date
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Save this form and attach it to an e-mail, or print this form and fax or mail it to:

SCALL Grants, c/o Kenneth Rudolf, La Verne Law Library, 320 East D Street, Ontario, CA 91764.
Telephone: 909 460-2065; Fax: 909 460-2083, E-mail: krudolf@laverne.edu