



WALT Scholarship Application Form

This opportunity is open to any WALT member who has attended at least 2 quarterly meetings this past year (in person or online) and/or who has held an office.

Grantee Information

Name:	Title:
Mailing Address:	
City:	State: Zip:
Business Telephone:	Evening Telephone:
E-mail:	
Library or Organization:	Library Branch:
Library Street Address:	
City:	Zip+4:

Continuing Education (CE) Event Information

C.E. Event:	
Event Location:	
Are you a Presenter? Y N	Title:
Event Dates:	Total Amount of Grant Requested: (Max \$300)

Please respond to the following questions, using a separate sheet if necessary.

What do you hope to gain from your attendance at this continuing education event?

What do you expect to be the impact on your customers from your attendance at this CE event?

How will you share what you learn at this CE Event with WALT members?

Estimated Expenses	Estimated Funding
Please estimate your expenses for attending the CE Event	Estimate the sources of funding that you will use:
Travel/Transportation:	Library/agency funding:
Lodging:	State Library CE Grant:
Food:	WALT Scholarship:
Event Registration:	Other:
Other:	Other:
Other:	
Total:	Total:

You will be asked for a written evaluation of the CE event for your claim. You will also need to submit copies of receipts for any expenses.

Once this application is approved, you will be sent a claim form to use when you submit your expenses for reimbursement.

I have reviewed the information above and understand that reimbursement will only be paid to cover eligible, documented, itemized expenses, not to exceed the approved award amount.

Applicant Signature:

Date: