

Grant Application

TCLC Continuing Education Council
Sr. Mary Dennis Lynch Memorial Fund

1. Name of applicant: _____

Date submitted: _____

2. Position: _____

3. Institution: _____

4. Program proposed (workshop, class, project):

Date and Location of program: _____

5. Please attach a brief statement explaining how you would benefit by attending this program. For example, how does the program relate to a present or planned library position and your educational goals? How would it improve your level of service or enhance your expertise?

6. If the grant does not cover the entire amount requested would you be able to supplement with other funding sources? (Circle one)

Yes No

7. Assistance Requested:

a. Tuition	\$
b. Registration	\$
c. Travel	\$
d. Lodging	\$
e. Meals	\$
f. Miscellaneous	\$ (Please specify)
TOTAL	\$

(Signature of Applicant and Date)

(Signature of Supervisor and Date)