

MILDRED McKAY SCHOLARSHIP APPLICATION

Name

Position/Title

Address

Phone

Email

Library

Town

Years in position

Years of study

Check one: Graduate Studies Library Workshops NHLTA Conference
 Workshops: Consortiums, Co-op Groups

Title of Course (if known)/Workshop

Institution Name or Workshop Sponsored by

Date(s)

Cost

Credit Hours

Course/Workshop Description:

Reason for Selecting the Course/Program:

How You Plan to Use the Course/Share Information:

Signature

Date

Please complete the application and email to: j.palleiko@nhlta.org

Or mail the application to: Jeanne Palleiko, PO Box 526, Newbury, NH 03255.

(FOR NHLTA USE ONLY)

Date Received _____

Approvals _____

Check # _____ Check Date _____ NHLTA Treasurer _____