***DESCRIPTION****:* Professional Development Grants will be awarded to MLA members who have not received a Professional Development Grant in the last five (5) calendar years and have been MLA members for at least three (3) consecutive years. Up to $1,600 has been budgeted by the MLA Board for Professional Development Grants (a maximum of $800 for an individual grant award) to be made available to MLA members who wish to further their professional development by attending a regional or national professional development event.

**1. NAME:** *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**LAST FIRST MIDDLE**

**2.** **ADDRESS:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# **NUMBER & STREET CITY STATE ZIP**

**3.** **LIBRARY:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**4.** **PHONE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**WORK HOME**

**5.** **EMAIL:** *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**6*.*****DO YOU HAVE A CURRENT MLA MEMBERSHIP?**

* Yes
* No

If yes, list length of continuous MLA membership in years: \_\_\_\_\_\_\_

**7. HAVE YOU PREVIOUSLY RECEIVED AN MLA PROFESSIONAL DEVELOPMENT GRANT?**

* Yes
* No

If yes, in what year ­­\_\_\_\_\_\_\_\_\_\_\_

**8. PLEASE LIST THE TITLE, DATE AND LOCATION OF THE PROGRAM OR EVENT YOU WISH TO ATTEND:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**8. INDICATE THE TOTAL AMOUNT REQUESTED TO ATTEND THE EVENT: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**9. IF YOU DO NOT RECEIVE THE TOTAL AMOUNT REQUESTED, WOULD YOU STILL BE ABLE TO ATTEND THE INSTITUTE?**

* Yes
* No

**REQUIRED DOCUMENTS TO BE SUBMITTED WITH APPLICATION:**

1. **PLEASE ATTACH THE FULL BUDGET OF EXPECTED EXPENSES AND INDICATE WHICH EXPENSES YOU WILL COVER WITH THE GRANT. BUDGET ATTACHED:**
* Yes
* No
1. **PLEASE GIVE A FULL DESCRIPTION OF THE PROGRAM BY ATTACHING MATERIALS THAT DESCRIBE THE PROFESSIONAL DEVELOPMENT EVENT. DESCRIPTION ATTACHED:**
* Yes
* No
1. **PLEASE ATTACH A WRITTEN STATEMENT INDICATING THE SPECIFIC OBJECTIVES TO BE ACHIEVED FROM THE EVENT AND EXPLAIN HOW THIS WILL CONTRIBUTE TO YOUR PROFESSIONAL GROWTH, FUTURE GOALS AND CAREER DEVELOPMENT. STATEMENT ATTACHED:**
* Yes
* No
1. **PLEASE ATTACH A LETTER FROM YOUR SUPERVISOR OR BOARD INDICATING SUPPORT FOR YOUR ATTENDANCE AT THE INSTITUTE. LETTER ATTACHED:**
* Yes
* No

**APPLICANT’S SIGNATURE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DATE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

PLEASE EMAIL (1) COPY OF THE COMPLETED APPLICATION TO:

Pam Carlton (pamc@missoula.lib.mt.us)