***DESCRIPTION****:* Four $100 travel grants are available to current MLA members who will be attending the MLA Fall Retreat or Offline (two awards are available for each event). Applications are due one month prior to the 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*.*****FOR WHICH EVENT ARE YOU SEEKING A GRANT?**

* MLA Fall Retreat
* Offline

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

* Yes
* No

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

**8. HAVE YOU PREVIOUSLY RECEIVED AN OFFLINE OR MLA RETREAT GRANT?**

* Yes
* No

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

**9*.* HAVE YOU EVER RECEIVED *ANY* MLA GRANTS?**

* Yes
* No

If yes, list year and type of grant received ­­­\_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**YEAR GRANT**

\*\* If you have received more than one, include information in email with completed application. \*\*

**10. LIST THE NUMBER OF MILES YOU LIVE FROM THE CONFERENCE SITE:** \_\_\_\_\_\_\_\_\_\_

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

PLEASE EMAIL (1) COPY OF THE COMPLETED APPLICATION TO: pamc@missoula.lib.mt.us