

SCLS CONTINUING EDUCATION GRANT APPLICATION

Name _____ Library _____

Position _____ Library Phone # _____

E-mail Address _____

CE Activity Title _____

Sponsor: _____ Date (s): _____

Location: _____

Briefly explain the value of this activity to your library. Attach a program announcement or other information on the program, course, or conference.

Below: List the costs to attend this CE activity (for more information, refer to the guidelines).

Tuition, Fee, Registration: _____ **Lodging:** _____ Nights @ \$ _____ = _____

Mileage: Round trip miles _____ @ \$.485 = _____ **Meals:** _____

Substitute Wages (if eligible): # hours _____ @ \$6.50 = _____ **Other (list):** _____

Total Expenses = _____ **Amount requested from SCLS =** _____

Will your library be paying any of the expenses? _____ Yes _____ No If yes, what amount? _____

After attending the CE activity, I agree to submit a brief report/evaluation of the activity within 30 days. I understand that this report may be used for an article in *Online Update*. I also agree to be available to participate in workshops sponsored by the system or its member libraries on the subjects discussed in the report and to be available for consultation.

Applicant Signature _____ **Date:** _____

Director Signature _____ **Date:** _____

Please return completed form to Jean Anderson @ SCLS Administration.