



**Northern Lights Library Network (NLLN)**  
**SCHOLARSHIP APPLICATION**

Name \_\_\_\_\_ Date of Application: \_\_\_\_\_

- A. Applicant position title, employer, library or library affiliate, address, email, telephone and fax number. If you are not a librarian, include the name and email address of your partner library employee and describe how attendance will strengthen your collaboration.

- B. Describe training event, including dates and location. Attach description, if available (brochure or agenda).

- C. Please describe how attending this event will support you and impact the people you serve.

- D. Have you received an NLLN scholarship already this year?    Yes            No

E. If yes, please list the date and amount received: \_\_\_\_\_ \$ \_\_\_\_\_

- F. Are you receiving assistance for this event from any other source?    Yes            No

G. If yes, please list the amount \$ \_\_\_\_\_

H. Proposed NLLN Amount Requested \_\_\_\_\_ (fill out Expense Worksheet on next page)

## Expenses: Complete this Expense Worksheet for Scholarship.

Upon completion of event Receipts and Report required within 30 Days of event to receive payment.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Event: \_\_\_\_\_ Date of Event: \_\_\_\_\_

Expense Category	<b>Proposed Expenses Requested for Reimbursement</b>	<b>Actual Expenses Requested for reimbursement.</b> Complete this column and report section when submitting receipts for reimbursement.	<b>Office Use Only:</b> <i>Amount approved</i>
Registration Tuition			
Transportation: Number of Miles•			
Lodging			
Meals			
Parking			
Required Materials			
Other			
<b>TOTAL expenses:</b>			

•Mileage is for the use of a personal vehicle – only one person per vehicle may request mileage. Applicants are eligible for up to 3 scholarships a fiscal year; for a total amount not to exceed \$500 for continuing education scholarships or \$1,000 for professional development scholarships. Scholarships will be awarded as long as funds are available.

Date Report Submitted: \_\_\_\_\_

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Office Use - Date Approved: \_\_\_\_\_ Date Notified: \_\_\_\_\_

Date Receipts Received: \_\_\_\_\_ Date Report Received: \_\_\_\_\_

Date Reimbursement Approved: \_\_\_\_\_ Signature: \_\_\_\_\_

Amount paid: \_\_\_\_\_ Check Number: \_\_\_\_\_ Date: \_\_\_\_\_

I. Report following Approved Application (fill in when submitting final receipts, 150-350 words).

The application form is a fill-in PDF that can be saved and attached to an email.

*Please submit the application materials in electronic format via email to*

*[Deb.Keena@nlln.org](mailto:Deb.Keena@nlln.org)*

*Questions about this scholarship program or in need assistance?*

*Please contact the NLLN Office at 218-477-2934. Thank you.*

*[www.nlln.org](http://www.nlln.org)*

