#### Continuing Education Grant Application

##### Cover Sheet

1. Name:
2. Position:
3. Library:
4. Phone:
5. Email:
6. Briefly describe your current position:

Submit completed application to the Executive Committee of ACLCP by email to [grants@aclcp.org](mailto:grants@aclcp.org) no later than 14 days before any regularly scheduled meeting of the Executive Committee. Meeting dates are posted on the ACLCP Web site.

By signing this I acknowledge that I am required to prepare a brief report of my experience for posting to the ACLCP Web site.

Have your library director endorse this request below.

 Applicant Signature and Date

Library Director Signature and Date

**Application Form (Please use additional sheets when necessary)**

1. Have you ever received an ACLCP grant before? If yes, when and for what purpose?
2. Institution/program at which the grant is to be used (Attach a description of the program as  
   provided by the sponsoring institution):
3. PURPOSE
   1. Describe the purpose for which the grant will be used and your objectives.
   2. How will your participation benefit your continuing education goals?
   3. How will your participation contribute to ACLCP or your home library?
4. EXPENSES
   1. Registration fee:
   2. Housing:
   3. Travel (be specific):
   4. Other:
5. FUNDING
   1. How much are you requesting ACLCP to provide of the total budget? (Maximum grant is $1000)
   2. What other support are you receiving for this activity and from whom?