

# 2017 NLLA Spring Conference Bursary Award Application

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## GENERAL INFORMATION

NAME:

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ADDRESS:

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(Street No.)                      (City)                      (Province)                      (Postal Code)

EMAIL ADDRESS:

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TELEPHONE #:

HOME/CELL: \_\_\_\_\_ WORK: \_\_\_\_\_

NL RESIDENT:   YES    NO

HOW IS THE FUNDING TO BE USED? (Circle all that apply)

- A. To cover the cost of travel associated with conference attendance
- B. To cover the cost of accommodations associated with conference attendance
- C. To cover the costs of Conference Registration

FOR WHAT LEVEL OF FUNDING ARE YOU APPLYING?

Indicate estimated total based on most economical means of transport \_\_\_\_\_  
(\$500 max for Newfoundland, \$1000 max for Labrador)

PLEASE PROVIDE THE DETAILS OF THE ABOVE SELECTION (see bursary [guidelines](#))

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HAVE YOU APPLIED FOR OR RECEIVED FUNDING FROM ANOTHER SOURCE?   YES    NO

If yes,

Where? \_\_\_\_\_

What amount? \_\_\_\_\_

*The personal information collected on this application will be used solely for assessing the suitability of Spring Conference Bursary applicants and for administrative purposes (including communication with applicants and references, announcing recipients and administering funds), and for no other purpose. If you have any questions about the collection or use of this information, please contact NLLA VP [Kate Shore](#)*

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**PLEASE ATTACH A RESUME WHICH INCLUDES; EDUCATION, WORK EXPERIENCE AND ANY OTHER PERTINENT INFORMATION.**

SIGNATURE:

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DATE:

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EMPLOYER/SUPERVISOR AUTHORIZATION AND CONTACT INFORMATION:

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EMPLOYER/SUPERVISOR COMMENTS ARE WELCOME BUT OPTIONAL:

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**PLEASE RETURN APPLICATION FORM TO:**

**MAIL**

Attn: Kate Shore - Newfoundland and Labrador Library Association  
PO Box 23192  
Churchill Square, St. John's, NL A1B 4J9

**EMAIL**

Bursary Committee Chair,  
Kate Shore – [kshore@mun.ca](mailto:kshore@mun.ca)

**FAX**

Attn: Kate Shore  
(709) 864-2153

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