

SCLS TRAINING GRANT APPLICATION

Name _____ Library _____

Position _____ Library Phone # _____

E-mail Address _____

Staff Training Program _____

Date (s): _____

Briefly explain the value of this activity to your library.

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

Trainer Fee: _____ **Lodging:** _____ Nights @ \$ _____ = _____

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

Other (list): _____

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

*SCLS will pay 50% of Trainer Fee and expenses up to a maximum of \$500

After holding the training session, I agree to submit a brief report/evaluation within 30 days. I understand that this report may be used for an article in *Online Update*. I also agree to share feedback on the effectiveness of the program and trainer with CE Coordinator.

Director Signature _____ **Date:** _____

Please return completed form to Jean Anderson @ SCLS Headquarters.