**PNC MLA
2017 Professional Development Fund Application**

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

Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Library: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State/Province:\_\_\_\_\_\_\_\_ Zip/Postal Code:\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2017 Medical Library Association (MLA) MEETING:** SEATTLE, WASHINGTON, MAY 26-31, 2017: **SCHOLARSHIPS OF AT LEAST $500 EACH WILL BE AWARDED FOR UP TO FIVE (5) ATTENDEES.** Scholarships are typically paid after the meeting with receipt proof of costs and attendance. **THE AWARD DOES NOT INCLUDE LODGING OR TRAVEL EXPENSES.**

Please email the application and attach a brief statement (no more than 200 words) explaining why this meeting will be of benefit to you or your organization. Include in your statement other factors that will support your request.

**Eligibility Criteria:** Applicant must be a current PNC member. Applicant must not have received PNC Professional Development Funds during the past two (2) calendar years. The written application must be received by **FRIDAY, MAY 5, 2017**.

I have read and meet eligibility criteria for the 2017 PNC Professional Development Fund.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please email the application and written paragraph to the PNC/MLA Chair: Laura Zeigen, PNC/MLA Chair zeigenl@ohsu.edu on or before 5/5/2017.

BOARD DECISION: YES NO Date Notified\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_