

**LAW LIBRARIANS OF NEW ENGLAND  
SCHOLARSHIP APPLICATION  
AALL ANNUAL MEETING OR INSTITUTE**

**Please Type or Print Clearly**

1. Name \_\_\_\_\_ Date \_\_\_\_\_

2. Address: \_\_\_\_\_

\_\_\_\_\_ Phone: (     ) \_\_\_\_\_

3. For what purpose will you use this scholarship?  
\_\_\_\_\_  
\_\_\_\_\_

4. Are you a member of LLNE? \_\_\_\_\_ If yes, when did you join? \_\_\_\_\_

5. Are you a member of AALL? \_\_\_\_\_ If yes, when did you join? \_\_\_\_\_

6. Have you attended LLNE meetings? \_\_\_\_\_ What years? \_\_\_\_\_

Have you attended AALL meetings or institutes? \_\_\_\_\_ What years? \_\_\_\_\_

7. Have you received a LLNE scholarship before? \_\_\_\_\_ If yes, please give year and amount.

8. Will your employer pay any of your expenses to attend this meeting? \_\_\_\_\_

If yes, please indicate what portion. \_\_\_\_\_

9. What are your estimated expenses for this meeting?     Registration \_\_\_\_\_

Travel \_\_\_\_\_ Per Diem \_\_\_\_\_

10. Please list membership on LLNE committees: (past & current) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

11. List other professional activities: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

12. Law Library employment: (most recent first, place of employment, job title, length of service)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. Other relevant employment: \_\_\_\_\_

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14. Briefly describe your duties and responsibilities in your current job: \_\_\_\_\_

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15. Educational background (list schools attended, degrees, certificates): \_\_\_\_\_

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16. What is your career goal? \_\_\_\_\_

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17. How do you feel you will benefit from attendance at this meeting? \_\_\_\_\_

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If I receive a LLNE Scholarship Award, and if for any reason I cannot attend or my employer decides to pay all or a portion of my expenses, I shall return the award money (or portion thereof) to the Chair of the LLNE Scholarship Committee.

\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
(Date)

Please return to:

Margaret Cianfarini  
Harvard Law School Library  
1545 Massachusetts Avenue  
Cambridge, MA 02138  
PHONE: 617-496-2105; FAX: 617-496-4409