

LAW LIBRARIANS OF NEW ENGLAND
SCHOLARSHIP APPLICATION
LLNE MEETING

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: _____

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

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

16. What is your career goal? _____

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

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