



**Law Librarians of Puget Sound  
A Chapter of the American Association of Law Libraries**

**LAW LIBRARIANS OF PUGET SOUND  
GRANT APPLICATION**

Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Institution/Employer: \_\_\_\_\_ Title: \_\_\_\_\_

Work/Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Are you a member of LLOPS? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever received a LLOPS grant? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, state amount(s), year(s), and program(s) attended: \_\_\_\_\_  
\_\_\_\_\_

What convention/event were you hoping to attend? \_\_\_\_\_

What do you hope to learn from attending this convention/event? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please read and sign the following:

If for any reason I cannot attend this convention/event, I shall immediately notify the Grants Committee and return the awarded grant to the LLOPS Treasurer.

In addition, I understand that I will be required to write a brief article for LLOPSCited about the meeting.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Law Librarians of Puget Sound (LLOPS)**

PO Box 21588

Seattle WA 98111

<http://www.aallnet.org/chapter/llops/>