

## SCALL GRANT APPLICATION

Conference/program Applying for \_\_\_\_\_  
Location \_\_\_\_\_ Date \_\_\_\_\_  
Amount Requested \_\_\_\_\_

Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Employer \_\_\_\_\_  
Address \_\_\_\_\_  
Position \_\_\_\_\_ Length of Service \_\_\_\_\_  
E-mail \_\_\_\_\_ Fax \_\_\_\_\_

Are you currently a SCALL Member Yes \_\_\_\_ No \_\_\_\_

If yes, circle the number of years 1-5 or 6-10 or 10 or more  
Describe your participation in SCALL (offices held, committees, etc.)

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

List other professional activities (AALL, SLA, ASIST, etc.) \_\_\_\_\_

\_\_\_\_\_

Previous SCALL Grant(s)? Yes \_\_\_\_ No \_\_\_\_ If yes date(s) \_\_\_\_ Amount(s)

\_\_\_\_\_

My employer will fund \_\_\_\_ Registration \_\_\_\_ Transportation \_\_\_\_ Lodging \_\_\_\_ None

If I do not receive a SCALL Grant, I \_\_\_\_ will \_\_\_\_ will not be able to attend

I expect to benefit from attending this conference in the following ways \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If I am a SCALL Grant recipient and not attend this conference, I will return the Grant funds to the SCALL Treasurer.

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

Please submit to: Tom Fleming  
Jeffer, Mangels, Butler & Marmaro LLP  
1900 Avenue of the Stars, Los Angeles, CA 90067  
Email: tbf@jmbm.com, Fax: 310-712-3358