





**Have you ever received an AALL grant?**

Yes  No

**If yes, list date and purpose of grant:**

**Are you a member of any AALL chapter?**

Yes  No

**If yes, which chapter(s):**

**List all chapter activities. Include dates:**

## **SUBMISSION**

By checking this box, I attest the answers given on this award application are accurate and complete.

By checking this box, I attest that if I receive the Minority Leadership Development Award and for any reason I cannot attend the AALL Annual Meeting, I shall immediately notify the chair of AALL's Diversity & Inclusion Committee.

**Please save the application and email all supporting documentation to Heidi Letzmann at [hletzmann@aall.org](mailto:hletzmann@aall.org).**