

Friends of the Library of Hawai'i
Continuing Education Grant Request

Name _____

Library _____ Library Phone _____

Email _____

Position _____ Years in HSPLS _____

Are you a member of ALA _____ PLA _____ HLA _____

Name of Conference or Continuing Education opportunity:

Amount of this request _____

Please describe how this opportunity will help you in your job.

(use another sheet of paper if needed)

Have you ever received a continuing education grant from the Friends? _____

If yes, please give dates and conference or course name(s):

Please provide two letters of recommendation (one of which is from your immediate supervisor) telling us why you should attend.

Signature _____ Date _____

Supervisor's Signature _____ Date _____

State Librarian's Signature _____ Date _____