

**Southeast Library System
Scholarship Application**

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Event/course: _____ Date(s): _____

Briefly explain how this program will benefit either you or your library:
(please attach a separate sheet, NOT hand-written)

Amount Requested
(limit \$200 total):

For Registration: _____

For Travel: _____

Total request: _____

Signature of
Applicant _____

Date _____

Return completed form and expected benefit statement to:
Southeast Library System
5730 R St, Ste C-1
Lincoln, NE
68505