

**Three Rivers Library System
APPLICATION FOR
CONTINUING EDUCATION SCHOLARSHIP**

Name _____

Library _____

Address _____

City _____ Zip _____ Phone _____

Email _____

Library position held _____

Program you wish to attend (include date, location, sponsor):

Approximate total cost of event \$ _____

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

I understand that I will be notified of acceptance or denial before the event and that scholarship monies will be awarded following my attendance at the continuing education event. I understand I must submit a short article about the event within two months for publication in the TRLS newsletter.

Signature of Applicant _____

Date _____

Return completed form at least three weeks before the event to:

Three Rivers Library System

11929 Elm Street, Suite 18

Omaha, NE 68144

Fax: 402-330-1859

Phone: 402-330-7884

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For TRLS use: Date received _____ Amount awarded _____ Report received _____