

# MLH Learning Grant Application!

**Please refer to the guidelines before applying.**

**These applications will be considered by the MLH Board at their Spring Meeting.**

Date \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ email address \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

How long have you been a member of MLH? \_\_\_\_\_

Are you a member of a guild? \_\_\_\_\_ If yes, name guild \_\_\_\_\_

Your letter of recommendation was written by:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ email \_\_\_\_\_

\_\_\_\_\_ MLH or guild position \_\_\_\_\_

Attach the letter of recommendation to this completed form.

List any MLH or guild activities for which you have volunteered to work or in which you have anticipated such as exhibits, conferences, workshops, committees, etc

What will the requested Learning Grant be used for?

Have you previously been awarded an MLH Learning Grant? \_\_\_\_\_ When \_\_\_\_\_

By signing and dating this application I agree with the terms of the Learning Grant guidelines.

\_\_\_\_\_ Date: \_\_\_\_\_

Signature

Mail this form to: Karen Folland, 9046 Joy Rd, Plymouth MI 48170-5826