

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 participated in 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: Martha Town, 7211 Tamarack Rd, Pittsford Michigan 49271