



Professional Development Grant

The NCNMLG Professional Development grant program has been created to support NCNMLG members' professional development activities including attendance at classes, conferences and meetings and to provide NCNMLG members with the opportunity to increase their competence in the theoretical, administrative and/or technical aspects of librarianship and information management.

Eligibility:

Applicants must be a regular member of NCNMLG.

Awards:

Any number of awards may be granted in a calendar year. The amount of each award is based on the number of applications, though generally there is a \$300 limit per individual. The allocation of available funds for the award is determined annually by the NCNMLG Executive Board.

Requirements:

Persons given the award must complete the program within a twelve-month period. Once the program has been completed, the awardee must write a short article for the next NCNMLG newsletter evaluating the program and its benefit to them. Failure to complete the program or to submit an article within the given time will result in the awardee being required to return the funds to NCNMLG.

Application Deadlines:

April 15 and November 15. The Chair, Awards and Honors committee must **receive** the application by the deadline.

Send your application to:

radavis@ucdavis.edu (*preferred*)

or

Rebecca Davis, Chair, Awards and Honors Committee
UC Davis Health Sciences Libraries
4610 X St.
Sacramento, CA 95818

Questions? Email Rebecca Davis at the above email address.

Fill out the form on the back and send it in!

NCNMLG Professional Development Grant Application

NOTE: The completed application must be **received** (email preferred) by the Chair of the Awards and Honors Committee no later than November 15 or April 15.

Please type or print legibly all the required information.

Name: _____

Institution: _____

Address: _____

City, State, ZIP Code: _____

Telephone: (day) _____ Email: _____

Date MLS degree received and name of institution: _____

Professional employment for the last 5 years:

Institution/City/Duties

Statement of career objectives and how the NCNMLG Professional Development Grant would help you to attain them. Include any information that might be relevant to the award criteria, such as course work or CE activities, honors or awards, membership in the Academy of Health Information Professionals.

Name and date of program: _____

Amount requested and how it will be used: _____

Signature: _____ Date: _____