



# HSLIC

Maine Health Science Libraries and Information Consortium

## HSLIC SCHOLARSHIP COMMITTEE APPLICATION FOR SCHOLARSHIP

### I. APPLICANT

Name: \_\_\_\_\_  
Institution: \_\_\_\_\_  
Address: \_\_\_\_\_

Telephone # and hours available: \_\_\_\_\_

### II. PROGRAM

Title: \_\_\_\_\_  
Sponsor: \_\_\_\_\_  
Location: \_\_\_\_\_  
Date (s): \_\_\_\_\_  
Relationship to applicant's work: \_\_\_\_\_

### III. COSTS

Registration: \_\_\_\_\_ Travel: \_\_\_\_\_  
Tuition: \_\_\_\_\_ Lodging: \_\_\_\_\_  
Materials: \_\_\_\_\_ Meals: \_\_\_\_\_  
Other: \_\_\_\_\_

TOTAL COSTS: \_\_\_\_\_  
Amount you and/or employer will pay: \_\_\_\_\_  
Amount needed from HSLIC: \_\_\_\_\_

### IV. NOTES & STIPULATIONS

A HSLIC scholarship may be awarded toward registration, tuition, hotel, and travel costs of the workshop/program attended. Scholarships are also limited to events of which total cost exceeds \$20.00. No scholarship will exceed \$400.00 per institution per HSLIC fiscal year. It is the obligation of the scholarship recipient to submit a completed "Report of Educational Program Attended" to the chairperson of the Scholarship Committee within a week of the event. Information gained from the event is to be shared with HSLIC members, via the HSLIC NEWSLETTER, and as requested thereafter.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please send to: Current Scholarship Chairperson (see HSLIC Executive Board webpage)

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Scholarship Committee - Comments: Committee Member \_\_\_\_\_

Approved \_\_\_\_\_ Date \_\_\_\_\_ Not Approved \_\_\_\_\_ WHY?