



APPLICATION FOR ALA CONFERENCE SCHOLARSHIP

I hereby request a Chapter Scholarship for the ALA Conference.

1. Name, date and location of specific Conference: _____
2. Number of years you have been a Boston Chapter ALA Member: _____
3. Would you be a first-time Conference attendee? Yes No
4. If you answered “No” to Question 2, how many Conferences have you previously attended, and which, including dates? _____

5. Are you working toward obtaining/re-certifying your Certified Legal Manager (CLM) certification? Yes No

I have completed the requirements for eligibility within the past twelve (12) months in the following manner(s) (check all that apply):

- Served as VP, Chair or Member of a Committee (state name of committee and indicate whether local, regional or national): _____

- Assisted with the following "special" projects (please explain): _____

- Attended the following meetings/events during the last 12 months (minimum of six if no other service to ALA is checked above): _____

To be eligible for a Conference Award you must have been a Boston Chapter Member for at least one year (with the exception of the New Member award), and you cannot have been the recipient of a Boston Chapter Conference Award (a.k.a. Scholarship) in the current or prior calendar year.

As a recipient of a Conference Award from the Boston Chapter, there is an expectation that you will make the most of this opportunity by attending as many educational sessions as possible throughout the duration of the Conference. Award recipients are required to serve as a Session Manager at the Conference. We also expect you will take advantage of the valuable networking opportunities available at various Conference events, including receptions, lunches, expositions and idea exchanges. A brief summary of the recipient's Conference experience is expected to be presented to the Board and shared with the Chapter for members to learn about the recipient's educational experience and any new resources gained at the Conference.

In the event I am awarded a Scholarship, I understand that reimbursement of funds WILL NOT be paid to me (or my firm) until the Conference concludes and I have fulfilled the above mentioned requirements. I also understand that the dollar amount of the Conference Award will be determined by the Chapter’s annual budget and final approval of the Board.



If my Application is approved, I request that the check be made payable to:

Name: _____

Street: _____

City, State, Zip: _____

Date

Applicant Signature

Applicant Name (Printed)