

# THE MERRITT FUND

## LeRoy C. Merritt Humanitarian Fund Grant Application Form

Grants from the Merritt Fund are for the support, maintenance, medical care, and welfare of librarians who, in the Trustees' opinion, are:

- Denied employment rights or discriminated against on the basis of gender, sexual orientation, race, color, creed, religion, age, disability, or place of national origin; or
- Denied employment rights because of defense of intellectual freedom; that is, threatened with loss of employment or discharged because of their stand for the cause of intellectual freedom, including promotion of freedom of the press, freedom of speech, the freedom of librarians to select items for their collections from all the world's written and recorded information, and defense of privacy rights.

Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

To assist the Trustees, please describe in detail the situation resulting in your request for assistance and indicate how the situation relates to the purposes of this Fund. In your narrative description, please include the names of individuals involved in your situation and their roles in the events you have documented. Also, please specify the times and places for the events you have described, and include as attachments any supporting documentation (press reports, memos, etc.). Your narrative also should contain an explanation of the financial ramifications of your situation and explain why you are asking for the amount of aid you are requesting in this application.

If you are presently represented by legal counsel, please provide counsel's name and contact information. In addition, please ask your counsel to provide the Trustees with a brief overview of the legal issues in the case and the status of the case to date.

On the second page of this application, please include the names and contact information of three people from your local community who are familiar with your current situation. We recommend that these people not be members of your immediate family.

Please note that grants distributed by the Merritt Fund may be considered taxable income.

This application for aid should be mailed to: **Trustees, LeRoy C. Merritt Humanitarian Fund, 50 East Huron, Chicago, IL 60611**. It also may be faxed to **312-280-4227** or emailed to **merrittfund@ala.org**. If you have any questions about the application or the grant process, please contact the Merritt Fund staff at **(800) 545-2433 ext. 4226** or [merrittfund@ala.org](mailto:merrittfund@ala.org).

Please provide the names and contact information of *three* people from your local community who are familiar with your current situation.

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Alt. Phone (optional) \_\_\_\_\_

Email \_\_\_\_\_

Relationship to applicant \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Alt. Phone (optional) \_\_\_\_\_

Email \_\_\_\_\_

Relationship to applicant \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Alt. Phone (optional) \_\_\_\_\_

Email \_\_\_\_\_

Relationship to applicant \_\_\_\_\_