
THE H.W. WILSON
LIBRARY STAFF DEVELOPMENT GRANT
APPLICATION/NOMINATION FORM

TITLE OF THE PROGRAM:

BRIEF DESCRIPTION OF THE PROGRAM (Review criteria for submitting complete proposal)

Period Covered By Program(s) (mm/dd/yyyy to mm/dm/yyyy)

Proposal Submitted by:

Name

Library or Organization

Address

Suite/Apt.

City

State

Zip Code

Phone

Fax

E-mail

Signature

Authorized Signature *(if different)*

Fiscal Agent *(Financial Agent to receive funds if different from above)*

Please send six (6) copies of this application and

(6) Copies of supporting material to:

ALA Awards Program
Governance Office
50 East Huron Street
Chicago, IL 60611

DEADLINE: POSTMARKED BY DECEMBER 1st
