**ABC-CLIO Leadership Grant**

Sponsored by the American Association of School Librarians (AASL) a division of the American Library Association (ALA) and ABC-CLIO.

**Overview**

The ABC-CLIO Leadership Grant is given to school library associations that are AASL Chapters for planning and implementing leadership programs at the state, regional, or local levels.

Possibilities include programs that:

1. Involve new members;

2. Train on-going leaders;

3. Prepare school librarians to be building or district level leaders;

4. Encourage collaboration among organizations;

New ideas and approaches to leadership are encouraged.

**Eligibility**

Applicant must be a current member of the AASL Chapter Assembly.

**Criteria & Rating**

All applications for the grant will be judged against the following criteria:

1. Program objectives are clear **(5 points)**

2. Nature and importance of desired leadership qualities are specified **(5 points)**

3. Intended participant group is well defined **(5 points)**

4. Plan of action and calendar are included **(5 points)**

5. Budget is well planned **(5 points)**

6. Evaluation plan is valid and follow-up activities are appropriate **(5 points)**

7. Program has merit for replication by other chapters **(5 points)**

#### Deadline

**APPLICATIONS MUST BE SUBMITTED VIA ONLINE APPLICATION BY FEBRUARY 1  
ALL APPLICATIONS WILL CLOSE AT 4:30 CST ON THE DAY OF THE DEADLINE.**

\*Please note: This downloadable version is for informational purposes only. All applications must be submitted online, via the Apply Now button at the top of the award’s page (<http://www.ala.org/aasl/awards/leadership>).

**AASL ABC-CLIO Leadership Grant Application**

Name:

Preferred Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School/Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School/Organization Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Preferred Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Preferred Phone Type (Home/Work/Cell): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Alternate Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternate Phone Type (Home/Work/Cell): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AASL Chapter Organization:

Chapter Organization Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Chapter Organization Phone:

Program Contact: Program Contact Email:

Program Title:

Proposed Date for Program Start: Proposed Date for Program End:

**Responses to the following should be in narrative form:**

1. Brief Abstract/Description of Program
2. Budget

Total Amount Requested: