***DESCRIPTION****:* The MPLA & PNLA Leadership Institute grants will be awarded to MLA members who have not received a Leadership Institute Grant previously and have been members for at least the two (2) previous years. Grants are available to individuals who are members of MLA and meet the criteria for application for the respective institutes. Up to $1,000.00 has been budgeted by the MLA Board per institute to qualified members. Applications for funds should be submitted once confirmation of acceptance to the institute has been received. Recipients will be required to either present a program at an MLA sponsored retreat or conference and/or may be asked to serve as a mentor by the MLA mentor program.

1. **WHAT GRANT ARE YOU APPLYING FOR?**
* MPLA Leadership Institute Grant
* PNLA LEADS

**2. NAME:** *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**LAST FIRST MIDDLE**

**3.** **ADDRESS:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# **NUMBER & STREET CITY STATE ZIP**

**4.** **LIBRARY:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**5.** **PHONE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**WORK HOME**

**6.** **EMAIL:** *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**7*.*****DO YOU HAVE A CURRENT MLA MEMBERSHIP?**

* Yes
* No

If yes, list length of continuous MLA membership in years: \_\_\_\_\_\_\_

**8. HAVE YOU PREVIOUSLY RECEIVED AN MLA MPLA OR PNLA LEADERSHIP INSTITUTE GRANT?**

* Yes
* No

If yes, in what year ­­\_\_\_\_\_\_\_\_\_\_\_

**9. INDICATE THE TOTAL AMOUNT BEING REQUESTED TO ATTEND THE INSTITUTE: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**10. IF YOU DO NOT RECEIVE THE TOTAL AMOUNT REQUESTED, WOULD YOU STILL BE ABLE TO ATTEND THE INSTITUTE?**

* Yes
* No

**REQUIRED DOCUMENTS TO BE SUBMITTED WITH APPLICATION:**

1. **PLEASE ATTACH A COPY OF YOUR ACCEPTANCE TO THE INSTITUTE THAT YOU WISH TO ATTEND. LETTER ATTACHED:**
* Yes
* No
1. **PLEASE ATTACH THE FULL BUDGET OF EXPECTED EXPENSES AND INDICATE WHICH EXPENSES YOU WILL COVER WITH THE GRANT. BUDGET ATTACHED:**
* Yes
* No
1. **PLEASE ATTACH A WRITTEN STATEMENT INDICATING THE SPECIFIC OBJECTIVES TO BE ACHIEVED FROM THE INSTITUTE AND EXPLAIN HOW THE ATTAINMENT OF THESE OBJECTIVES WILL CONTRIBUTE TO YOUR PROFESSIONAL GROWTH, FUTURE GOALS AND CAREER DEVELOPMENT. STATEMENT ATTACHED:**
* **Yes**
* **No**
1. **PLEASE ATTACH A LETTER FROM YOUR SUPERVISOR OR BOARD INDICATING SUPPORT FOR YOUR ATTENDANCE AT THE INSTITUTE. LETTER ATTACHED:**
* Yes
* No

**APPLICANT’S SIGNATURE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DATE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

PLEASE EMAIL (1) COPY OF THE COMPLETED APPLICATION TO: pamc@missoula.lib.mt.us