

**NEW HAMPSHIRE LIBRARY TRUSTEES ASSOCIATION
MILDRED McKAY SCHOLARSHIP FUND**

The purpose of the New Hampshire Library Trustees Association is to develop an effective body of library trustees for the support and promotion of library services throughout the state. The NHLTA Board believes that continuing education is the prime factor in providing the highest quality of library services.

The Mildred McKay Scholarship Fund provides scholarship aid to residents of New Hampshire in order to improve library services within the state. The New Hampshire Charitable Fund manages and invests the funds which are distributed by the New Hampshire Library Trustee Association.

BOARD MEMBER CRITERIA

1. Applicant must be a current member of a library Board of Trustees, the NHLTA Board, or specific fund-raising or service body of a library.
2. Groups of Boards, such as library consortium, may apply as a unit to present a workshop for members (including staff) of the consortium.
3. The topic of the workshop, conference, or professional presenter must be directly related to the responsibilities and skills required by the applicant's or attendee's position.

LIBRARY STAFF CRITERIA

1. Applicant must be presently employed in a library in New Hampshire.
2. Proof of acceptance to the workshop or course of study must accompany application.

The application must be filled out completely; non-staff should use "NA" for questions that do not pertain. Each application will be processed upon presentation of all paperwork.

**Return completed application to: Elizabeth Solon, Chair
NHLTA Scholarship Committee
2 Shady Rock Road
Brookline, NH 03033**

**NEW HAMSHIRE LIBRARY TRUSTEES ASSOCIATION
APPLICATION FOR SCHOLARSHIP**

(Please print)

NAME: _____ POSITION: _____

ADDRESS: _____

PHONE: _____ E-MAIL: _____

LIBRARY: _____ TOWN: _____

Years of Service: _____ Years of Study: _____

(Please check)

Graduate Degree Course _____ Certificate Course _____ Conference _____ Workshop _____

TITLE OF COURSE/ WORKSHOP: _____

SPONSORED BY: _____ CREDIT HOURS _____

DATE(S): _____ COST: _____

COURSE/ WORKSHOP DESCRIPTION:

WHY YOU SELECTED THE COURSE/ PROGRAM:

DESCRIBE PLAN TO SHARE INFORMATION:

(Library Staff: Please attach written description of present career choice in library service.)

APPLICANT SIGNATURE: _____ **DATE:** _____

----- (FOR NHLTA USE ONLY) -----

Date Rec'd. _____ Scholarship Comm. Approvals _____

Check # _____ Check Date: _____ NHLTA Treasurer _____