**NORTHERN CALIFORNIA ASSOCIATION OF LAW LIBRARIES**

**Grant Application

Applicant Information**

|  |  |
| --- | --- |
| **Name:**  |  |
| **Employer:**  |  |
| **Position:**  |  |
| **Address:**  |  |
| **Telephone:**  |  |
| **E-mail Address:**  |  |
| **Member of NOCALL?**  |  |
| **How long?**  |  |

**Grant Request**

Please indicate in the “Estimated Expenses” column the actual cost of registration, travel, lodging, and other incidental costs. In the “Amount Requested” column, please indicate how much of the requested grant will be applied to each category. In the “Employer Contribution” column, please indicate amount your employer will contribute to your expenses.

|  |  |  |  |
| --- | --- | --- | --- |
|  | EstimatedExpenses | Amount Requested | Employer Contribution |
| **Registration** |  |  |  |
| **Travel** |  |  |  |
| **Lodging** |  |  |  |
| **Incidental Costs** |  |  |  |
| **Totals** | $0 | $0 | $0 |

**Please describe how attendance at this conference will benefit your career.**

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|  |

Please **describe your participation in NOCALL and
any other professional activities you’d like to share.**

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| Have you received a NOCALL grant in the past? |  |
| Will you be able to attend if you do not receive a grant? |  |

 **If I am a NOCALL Grant recipient and do not attend this conference, I will return all Grant funds to the NOCALL Treasurer. (Typing your name here will serve as your signature.)**

|  |  |
| --- | --- |
| Signature:  | Date: |

**Please submit completed applications by fax, e-mail or mail to:**

Cathy Hardy

Hanson Bridgett LLP

425 Market Street, 26th Floor

San Francisco, CA 94105

Fax: 415-995-3579

Email: grants@nocall.org (Please copy CHardy at hansonbridgett dot com)