OHRAB Professional Development Scholarship Application

For which professional development opportunity are you applying (attach information)?

| Which organization | is hosting? | | |
|---|---|----------|---|
| ☐ The Midwest Archives Conference | | | The Ohio Township Association |
| ☐ The Society of Ohio Archivists | | | The Ohio Genealogical Society |
| ☐ The Ohio Local History Alliance | | | The Society of American Archivists |
| ☐ The Academic Library Association of | | | The National Association of |
| Ohio | | | Government Archives & Records |
| ☐ The Ohio Municipal Clerks Association | | | Administrators |
| | ional Institute of Municipal | | Other professional development |
| Clerks | | | opportunity (subject to approval): |
| Applicant informat | ion: | | |
| Name: | | | |
| Address: | | | |
| Email address: | | Phone: _ | |
| | | | |
| Applicant Affiliation | | | |
| Organization / Scho | ool: | | |
| Organization addre | :ss | | |
| Role / Title / Year in School: Website: | | | |
| | | | in attending the professional development or the following eligible expenses: |
| Registration fee: | \$ | | |
| Lodging: | \$ (at the conference rate, excluding Ohio state sales tax) | | |
| Travel: | Number of miles @ the current State of Ohio rate (airfare not included) | | |
| Meals: | \$ (maximum \$7 for breakfast, \$10 for lunch and \$18 for dinner/day) | | |
| Other: | \$(please explain:) | | |
| Total requested: | \$(maximum \$300) | | |
| | entation: With this cover sheet | | |
| • | um) summary describing ho | • | |
| | ortunity you selected will im | prove yo | our skills or your institution's |
| management of are | chival records | | |

Recipients will be asked to submit a written report of their conference experience, which will be shared with the NHPRC as well as through the Board's communication channels.