OHRAB Professional Development Scholarship Application

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

 The Society of The Ohio Loo The Academi Ohio The Ohio Mu 	is hosting? Archives Conference of Ohio Archivists cal History Alliance ic Library Association of inicipal Clerks Association ional Institute of Municipal		The Ohio Township Association The Ohio Genealogical Society The Society of American Archivists Other professional development opportunity (subject to approval):
Applicant information			
Name:			
Address:			
Address			
Email address:		Phone:	
Applicant Affiliation			
Organization / School:			
Organization / Schoo	JI		
Organization addres	S		
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:	<pre>\$ (maximum \$7 for breakfast, \$10 for lunch and \$18 for dinner/day)</pre>		
Other:	\$(please explain:)		
Total requested:	\$(maximum \$300)		
			lated receipts, please include a cipating in the professional

300-word (maximum) summary describing how participating in the professional development opportunity you selected will improve your skills or your institution's management of archival 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.