



SOUTH CENTRAL KANSAS LIBRARY SYSTEM

**SCKLS 2010 CONTINUING EDUCATION REGISTRATION REIMBURSEMENT GRANT
APPLICATION**

01-10

Application should be type-written or in block print.

Name: _____

Library: _____

Address: _____

City, Zip: _____

Library Position: _____

Month/Year of Employment: _____/_____

Phone: _____ E-Mail: _____

Educational Background: _____

1. Title and Date of Continuing Education Activity you wish to attend:

2. Amount Requested for Reimbursement of Registration/Tuition Costs: \$ _____

3. Estimate any amount that you, your library or other source are contributing to this continuing education activity: \$ _____

4. Please attach a copy of your registration/payment form for the CE activity. Only applications with documentation verifying registration and payment will be considered.

5. Indicate whether grant check should be made payable to you or your library: Self Library

6. MAIL to: Tom Taylor, SCKLS 2010 CE Grant, 321A North Main Street, South Hutchinson, KS 67505