

APPLICATION
Education Grant Program Fox Valley Library Council

Name _____ Library _____
 Address _____ Phone _____
 Address Line 2 _____ Email _____
 Title of Educational Activity _____
 Sponsoring Agency _____
 Location of Activity _____ Date(s) _____

Briefly describe this educational activity and explain why you want to attend it. Attach a copy of the activity announcement if possible.

List anticipated expenses:	Allocation of costs:
Registration _____	Requesting of FVLC _____
Mileage _____	Local library portion _____
Lodging _____	Individual portion _____
Meals _____	TOTAL _____
Other _____	
TOTAL _____	

Make the reimbursement check out to (library or individual's name): _____

I understand that I must submit receipts for my expenditures at this activity before receiving payment. I also agree to share information from this experience with my colleagues in FVLC. **Send application form to: FVLC Educational Grants, 225 N. Oneida Street, Appleton 54911.**

Signature _____ Date _____

FVLC USE ONLY	
Approved by _____	Amount _____
Date Approved _____	Date Paid _____
Send copy to FVLC Treasurer after approval.	