

John T. Corrigan, CFX Memorial Continuing Education Grant

**Purpose:** To assist chapters or sections of Catholic Library Association in their mission of providing continuing education opportunities to their members.

**Chapter or Section Name:** \_\_\_\_\_

**Title of program for which you are applying for funding. (Please include a brochure or advertisement for the program.)**

\_\_\_\_\_

**How will this program benefit your chapter or section members?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**How will your chapter or section publicize this program?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Where and when will this program take place?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**What is the total cost of this program?** \_\_\_\_\_

**What portion of the cost is your chapter or section willing/able to cover?** \_\_\_\_\_

**Chapter or section representative signature:** \_\_\_\_\_

**Position:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Evaluation:** If selected for this grant, the chapter must submit a written evaluation to the Scholarship & Awards Committee of Catholic Library Association within ninety days after the program is held.

**Return no later than July 15 to:** John T. Corrigan Grant  
Catholic Library Association  
100 North Street, Suite 224  
Pittsfield, MA 01201-5178

Recipients will be determined and notified by August 15.