



Sister Sally Daly—Junior Library Guild Grant

Purpose: To enable a new CLA/CLSS member to attend the annual convention.

Application Deadline: December 1, 2008

Name _____ Position _____

Work Address _____

Phone _____ Fax _____ e-mail _____

Home Address _____

Phone _____ Fax _____ e-mail _____

College or University _____

Undergraduate Degree(s) _____ Year _____

_____ Year _____

Other Degree(s) _____ Year _____

_____ Year _____

How will membership in CLA benefit you? _____

What contributions do you plan to make to CLA? _____

Attach a statement of projected expenses you will incur if you attend a national convention.

Registration _____ Room _____ Food _____ Travel _____ TOTAL _____

Signature: _____ Date _____

Return no later than December 1, 2008 to:

Sister Sally Daly Memorial Grant
Catholic Library Association
100 North Street, Suite 224
Pittsfield, MA 01201-5109