**ARL ATTENDANCE GRANT**

IFLA Academic and Research Libraries Standing Committee

Generously sponsored by Ex Libris and SAGE

**Application Form**

**NAME:**

**ADDRESS:**

**EMAIL:**

**INSTITUTION:**

**POSITION TITLE:**

**EDUCATIONAL PROFILE**

|  |  |  |  |
| --- | --- | --- | --- |
| Institution and Location | Degree | Completion Date | Field of Study |
|  |  |  |  |

**PERSONAL STATEMENT**

1. Give a short summary of your employment and/or student status
2. In the space below, please describe how attending IFLA will benefit you in a personal and/or professional capacity, with reference to this year’s conference theme. Maximum 250 words.
3. Please explain how you intend to apply the benefits outlined above in a practical way after the Congress, either personally or for the library/information unit you work in. Maximum 250 words.

|  |  |  |
| --- | --- | --- |
| Statement | yes | no |
| Do you work (are employed) in an academic/research library or are you currently enrolled as an LIS student? |  |  |
| Did you attend the IFLA Congress before? |  |  |
| Are you eligible to obtain a visa for travel? |  |  |
| Are you able to fund all other costs beyond the Grant when attending the Congress e.g. hotel, travel and subsistence expenses NOT covered by the Grant? |  |  |
| Do you have approval from your employer to attend the IFLA World Library and Information Congress? |  |  |
| Did you previously received this Grant (formerly known as Essay Contest)? |  |  |

Budget Estimation:

|  |  |
| --- | --- |
| Travel | € |
| Accommodation | € |
| Meals | € |
| Other | € |
| Total |  |
| Covered by Grant | -€850 |
| Necessary budget | € |
|  |  |

1. Please indicate if your contact details can be shared with the sponsors of the ARL travel Grant:

🞏 I do give permission to share my contact details with SAGE and Ex Libris.

🞏 I do not give permission to share my contact details with SAGE and Ex Libris.

**DECLARATION:**

The applicant declares that all information provided is correct and that all information is

provided that is required to evaluate this application for the Attendance Grant

Signature: Date: