



SOUTHWEST FLORIDA LIBRARY NETWORK

CONTINUING EDUCATION SCHOLARSHIPS

GUIDELINES & APPLICATION

**Southwest Florida Library Network
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INSTRUCTIONS FOR COMPLETING THE SWFLN CONTINUING EDUCATION SCHOLARSHIP APPLICATION FORM

WHO MAY APPLY:

SWFLN Institutional Member staff are eligible to apply for SWFLN Continuing Education Scholarships.

APPLICATION AND FUNDING PROCESS

Applicant Instructions:

1. The staff member will complete a Scholarship Application Form, indicating the justified need for the request. The staff member will complete and include the SWFLN Travel Estimate Form included in this packet. The staff member will also include a statement describing how this attendance will benefit the member; the staff member will agree to write a summary of the experience using the SWFLN Scholarship Benefit Statement Template (see attached sample.) The summary will state how the scholarship will benefit the library and all the SWFLN member libraries, should it be approved, so that it can be shared with the SWFLN membership.
2. The staff member will obtain approval from the applicant's supervisor.
3. The Scholarship Application form will be sent to the SWFLN Continuing Education Coordinator.
4. If the scholarship is funded, once the scholarship recipient returns from the event, the comprehensive statement of benefit will be submitted within two (2) weeks. Afterwards, the statement will be shared with the membership so that the SWFLN Scholarship Program can be promoted as a positive way to obtain alternate training and learning opportunities through SWFLN.

SWFLN Procedures:

1. Upon receipt, the SWFLN Continuing Education Coordinator will evaluate the form for completeness and ensure that the criteria is met for scholarship qualification. The form will then be evaluated and approved by the SWFLN Executive Director.
2. Once the Scholarship Application Form is approved, the staff member will be notified of the award, as will the Supervisor, and SWFLN Institutional Representative.
3. Payment will be issued for the Scholarship.
4. After the recipient returns from the event, the SWFLN Continuing Education Coordinator will ensure that the comprehensive statement of benefit is obtained within two weeks so that it can be shared with the membership to promote this scholarship program as a positive way to obtain alternate training and learning opportunities through the Southwest Florida Library Network.



CONTINUING EDUCATION SCHOLARSHIP APPLICATION

APPLICANT NAME: _____

LIBRARY / ORGANIZATION NAME: _____

LIBRARY MAILING ADDRESS: _____

LIBRARY PHONE #: _____ FAX #: _____

APPLICANT E-MAIL ADDRESS: _____ SUPERVISORS EMAIL ADDRESS: _____

TYPE LIBRARY: Academic Public School Special

NAME OF CONFERENCE OR PROGRAM OF INTEREST: _____

COURSE SUMMARY: In the space provided below, give a full description of the course. Please reflect on what you expect to learn and how it will benefit your library and, potentially, all SWFLN member libraries (Please limit text to the space provided.)

By stating my name and signing below, I agree to use the funds for the agreed upon attendance. Upon return from this experience, I further agree to prepare a **comprehensive** statement of benefit to share with the SWFLN membership so that my participation in this event can benefit my fellow members and encourage others to benefit from the SWFLN Scholarship Program opportunity. My Comprehensive Statement of Benefit will address how what I learned could benefit Public, Academic, School, and Special libraries in the SWFLN area.

Typed or Printed Name and Signature of Applicant

Date

Typed or Printed Name and Signature of Appropriate Supervisor

Date

Approved: Signature of SWFLN Executive Director

Date



ESTIMATED TRAVEL EXPENSES

DATE: _____

APPLICANT NAME: _____

EMAIL: _____

LIBRARY NAME: _____

TELEPHONE: _____

LIBRARY ADDRESS: _____

CITY, STATE ZIP: _____

DESTINATION: _____

CITY OF DEPARTURE: _____

DEPARTURE DATE: _____

DEPARTURE TIME: _____

RETURN DATE: _____

RETURN TIME: _____

AIR TRAVEL COSTS (ROUND TRIP): _____

CAB FARE TO AND FROM AIRPORT: _____

MILEAGE COST TO AND FROM AIRPORT:
(Round Trip Mileage x \$.445/mile) _____

AIRPORT PARKING: _____

PERSONAL VEHICLE COSTS:
(Round Trip Mileage x \$.445/mile) _____

TOLLS: _____

RENTAL VEHICLE COSTS: _____

HOTEL ACCOMMODATIONS:	_____	_____	_____
	# Nights	Nightly Rate	Total Hotel Costs

MEALS (Daily: \$6.00 Breakfast + \$11.00 Lunch + \$19.00 Dinner as Applicable): _____

TOTAL ESTIMATED TRAVEL COSTS _____



Title of Event/Conference/Session: _____

Name of Recipient: _____

Institution: _____

Date(S) Of Event / Conference / Session: _____

Please provide an overall, all-encompassing statement of what the event/conference/session was about.

Please complete the following statements:

Academic Librarians would have enjoyed this event/conference/session because...

What I learned will apply to a Public Library because...

School Librarians/Media Specialists could take what I learned and translate it to their environment by...

Special Librarians would benefit from this knowledge because...