

SLANZA Study Grant Application Form for study in 2008

Please print this form and complete all details. Sign it and send your completed application to:

SLANZA Secretary, PO BOX 12578, Thorndon, Christchurch by 31st October, 2007

Name

School

Position—please tick the job title that best suits your main library related responsibilities:

- | | | |
|--|--|--|
| <input type="checkbox"/> Library assistant | <input type="checkbox"/> Library Manager | <input type="checkbox"/> Teacher with library responsibility |
| <input type="checkbox"/> librarian | <input type="checkbox"/> Teacher Aide | |

SLANZA region

Period of Membership

Contact details:

Home postal address:

Phone:

Fax:

Email:

Work postal address:

Phone:

Fax:

Email:

Letter of Application enclosed

Principal's letter of support enclosed

Signed: **Date:**