

**Study grant application for study in 2019**

Please complete and return this form, or provide the following information via email, to:

Study Grants Committee

c/- SLANZA Admin Officer

PO Box 27321

Marion Square

Wellington 6141

admin@slanza.org.nz

*Applications close Friday, 21st June 2019*

|  |  |
| --- | --- |
| Full name of member  |  |
| School or organisation |  |
| Position |  |
| Member of SLANZA since[[1]](#footnote-1) |  |
| SLANZA region |  |
| AddressCityPostcode |  |
| Email |  |
| Phone number |  |
| I have enclosed: Letter of application Principal’s letter of supportDate: Signed: |

The information you have provided is given to your SLANZA regional chairperson No details from our database are passed on to any other person, organisation or commercial enterprise without your express written permission.

Your letter of application should include:

* the potential benefits of undertaking this professional development
* how it will contribute to your role as part of the library team
* your relevant library experience
* whether you have completed any other papers.
1. Applicants must have been a SLANZA member prior to 31 March 2018. [↑](#footnote-ref-1)