South Dakota State Historical Records Advisory Board Application for Archival Professional Development Scholarship



Funding from the South Dakota State Historical Records Advisory Board is made possible by grant funds from the National Historical Publications and Records Commission.

CONTACT INFORMATION					
Name:					
			Institution:		
Street	Address:				
City: _			State:	Zip:	
Phone:			Email:		
TDAIN	UNC BEOLIE	T			
	IING REQUES to attend the f		workshop or conference:		
	Title.				
	Title:				
	Sponsoring Institution:				
Location:					
	Date(s):				
Event Website:					
Are there training funds provided by your institution to support professional training? If so, how much is your institution providing for this training opportunity?					
Lwoul	d lika ta ha rai	mbursed for the fo	allowing costs:		
I would like to be reimbursed for the following costs:					
	Registration	Fee \$			
	Lodging	\$	<u> </u>		
	Travel	\$			
	Other	\$	Please explain:		
	Total	\$	_		
Briefly	evnlain how t	his training will he	enefit you and your institution:		
Briefry	CAPIGITI HOW C	ins training win be	ment you and your institution.		
With submission of this application, I,, guarantee that the requested funds will not be reimbursed by any other entity.					
reques	sted funds will	not be reimburse	d by any other entity.		
Annlicant Signature:			Date:		