

**NAHSL Scholarship Application**

**Name:** \_\_\_\_\_

**Job Title:** \_\_\_\_\_

**Library:** \_\_\_\_\_ **Full Time** \_\_\_\_\_ **Part Time** \_\_\_\_\_

**Organization:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Phone:** \_\_\_\_\_

**Program Title:** \_\_\_\_\_

**Location:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Course/Program Fee:** \_\_\_\_\_

**Total Scholarship Requested:** \_\_\_\_\_

**Please indicate your departmental CE budget** \_\_\_\_\_

**Are any institutional CE funds available to you?** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Mail To:** Kathy Brunjes, NAHSL Secretary  
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Gerrish-True Health Sciences Library  
Box 4500, 300 Main Street  
Lewiston, ME 04240

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