OHRAB Professional Development Scholarship Application

For which professional development opportunity are you applying (attach information)?

 Which organization is hosting? The Midwest Archives Con The Society of Ohio Archivi The Ohio Local History Allia The Academic Library Asso Ohio The Ohio Municipal Clerks The International Institute Clerks 	Association	The Ohio Township Association The Ohio Genealogical Society The Society of American Archivists Other professional development opportunity (subject to approval):	
Applicant information:			
Name:			
Address.			
Address:			
Email address:	Phone:		
Applicant Affiliation:			
Organization / School:			
Organization address			
Role / Title / Year in School: Website:			
The Board will award reimbursement for expenses incurred in attending the professional development opportunity selected above. I would like to be reimbursed for the following eligible expenses:			
Registration fee: \$			
ravel: Number of miles @ the current State of Ohio rate (airfare not included			
1eals: \$ (maximum \$7 for breakfast, \$10 for lunch and \$18 for dinner/day)			
Other: \$(ple	: \$(please explain:)		
Total requested: \$(maximum \$300)			
Supporting documentation: With this cover sheet and all related receipts, please include a			
300-word (maximum) summary			

300-word (maximum) summary describing how participating in the professional development opportunity you selected will improve your skills or your institution's management of archival records.

Recipients will be asked to submit a written report of their conference experience, which will be shared with the NHPRC as well as through the Board's communication channels.