

# MLH Memorial Learning Grant Fund Application

Please refer to the guidelines before applying.  
These applications will be considered by the MLH Board at their Spring meeting.

Date \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Email address \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

How long have you been a member of MLH? \_\_\_\_\_

Are you a member of a guild? \_\_\_\_\_ If yes, name guild \_\_\_\_\_

Your letter of recommendation was written by:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

\_\_\_\_\_ MLH or guild position \_\_\_\_\_

Attach the letter of recommendation to this completed form.

List any MLH or guild activities for which you have volunteered to work or in which you have anticipated such as exhibits, conferences, workshops, committees, etc.

What will the requested Learning Grant award be used for?

Reason for requesting a Learning Grant? (Applicant does not need to establish need as a criterion for the award)

Have you previously been awarded an MLH scholarship grant? \_\_\_\_\_ When \_\_\_\_\_

Mail this form to: Ken Allen  
33567 Michele  
Livonia, MI 48150