**APPLICATION FORMWILLIAM D. POSTELL, SR. PROFESSIONAL DEVELOPMENT AWARDSOUTH CENTRAL CHAPTER / MEDICAL LIBRARY ASSOCIATION**This Award partially or completely covers the registration fees and travel-related expenses for an SCC/MLA member to attend a continuing education course (CE) or workshop.Please complete this application and submit it electronically. Use additional sheets if necessary to provide the information requested.

* Describe why you are seeking funding through the SCC/MLA Postell Award, rather than through your home institution. (50 words or less)
* How does this experience contribute to your evolving role as a health science librarian? (100 words or less)
* Describe how you will share the information you gain through the class with your SCC/MLA colleagues. Some examples include formal presentations, information sharing sessions, published articles, etc. (50 words or less)
* If requesting travel-related expenses (up to $200), provide justification.
* Please indicate if the award should be paid to you individually or to your institution. (Some institutions may require award funds be paid to the institution, rather than to the individual, for tracking purposes.)
* If you have received funds to attend this course or workshop from other sources besides your home institution, please identify the source(s), amount(s) and type(s) of covered expenses. Note that additional funding does not affect evaluation of this Award, but it may impact the Award amount.

Applicants must not have received this Award within the past 3 years. A Postell Award may be given to an SCC/MLA member only once every three years.

Please attach:

* Copy of a recent curriculum vitae or resume including evidence of professional involvement and commitment.
* Course brochure, URL link, or registration form.
* Include any comments.

Eligibility requirements for applicants:

* Applicants must currently be SCC/MLA members
* Applications must be received at least **15 days** before a course or workshop.
* To receive funding prior to the course or workshop, applications should be submitted **30** **days** in advance.
* This award **only** applies to registration and tuition fees for continuing education courses, workshops, or seminars. Registration fees associated with general meeting attendance, room, or meal costs are not included.
* Up to $400 of the award may be used for travel-related expenses. Justification is required.

Please submit application (**electronic format preferred**) to:

Lou Ann Thompson, MLIS
Electronic Resources Librarian

OSU-CHS Medical Library

1111 West 17th St.

Tulsa, OK 74107

Office: 918.561.8457

louann.thompson@okstate.edu

|  |  |
| --- | --- |
| Name: |  |
|  |  |
| Library/Organization: |  |
|  |  |
| Work Address: |  |
|  |  |
|  |  |
|  |  |
| Phone: |  |
|  |  |
| E-Mail: |  |
|  |  |
| Course/Workshop: |  |
|  |  |
| Fee/Tuition: |  |
|  |  |
| Location: |  |
|  |  |
| Date/Time: |  |
|  |  |
| Travel Expenses Requested (up to $200): |  |
|  |  |
| Payment Preference: | 🞎 Send the funds to my institution. | 🞎 Send the funds directly to me. |
|  |  |
| Other funding: |  |
|  |  |
| SCC/MLA Member: |  |
|  |  |
| Today’s Date: |  |
|  |  |