

ILLINOIS STATE HISTORICAL RECORDS ADVISORY BOARD

Application for Archival Professional Development Scholarship

Name: _____

Institution: _____

Address: _____

City/State/ZIP: _____

Phone: _____ Email: _____

I wish to attend the following archival workshop or conference:

Title: _____

Sponsoring Institution: _____

Location: _____

Dates: _____

Event Web Site: _____

ISHRAB will award up to \$200 for expenses.

I would like to be reimbursed for the following costs:

| | |
|------------------|----------|
| Registration fee | \$ _____ |
| Housing | \$ _____ |
| Travel | \$ _____ |
| Other (explain) | \$ _____ |
| Total | \$ _____ |

Briefly explain how this event will benefit you and your institution.

With the submission of this application, the applicant guarantees that requested funds will not be reimbursed by any other entity.

Return this form via U.S. mail, FAX or email to:

ISHRAB
c/o Illinois State Archives
M. C. Norton Building
Springfield, IL 62756
FAX: 217-524-3930
djoens@ilsos.net

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