

Rural Initiative Infopeople Training

Scholarship Request Form

Workshop for which Scholarship is Requested:

Title: _____

Date: _____ Location: _____

PARTICIPANT NAME _____

LIBRARY _____

ADDRESS (Street) _____

(City, including zip) _____

ESTIMATED REIMBURSEMENTS NEEDED:

Personal Vehicle Mileage _____ Miles @ \$.55 per mile = Total \$ _____
(round trip from library or home to workshop location, whichever is fewer miles)

Other: (please specify) _____ \$ _____

Total \$ _____

Briefly describe your reason(s) for attending this workshop.

Approval of Library Director

Signature _____

Name _____

Please send this form at least one month prior to workshop date:

Margaret Miles
Plumas County Library
445 Jackson Street
Quincy, CA 95971-9410
Ph: (530) 283-6310 FAX: (530) 283-3242
margaretmiles@countyofplumas.org

You will be advised if a scholarship is available as funds are limited.