OHRAB Professional Development Scholarship Application

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

 The Society of The Ohio Loca The Academic Ohio The Ohio Mur 	Archives Conference f Ohio Archivists		The Ohio Township Association The Ohio Genealogical Society The Society of American Archivists The National Association of Government Archives & Records Administrators Other professional development opportunity (subject to approval):	
Applicant information:				
Address:				
Email address:		_Phone:		
Applicant Affiliation:	:			
Organization / Schoo	l:			
Organization address				
Role / Title / Year in School:		W	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:	\$			
Lodging:	(at the conference rate, excluding Ohio state sales tax)			
Travel:	Number of miles @ the current State of Ohio rate(airfare not included)			
Meals:	\$(at the <u>US General Services Administration rates</u> for that location)			
Other:	\$(please explain:)			
Total requested:	\$(maximum \$1,000)			
Supporting documentation: With this cover sheet and all related receipts, please include a 300-word (maximum) summary describing how participating in the professional development opportunity you selected will improve your skills or your institution's				

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.

2/06/2025

management of archival records.