

EDITH JESSIE CARNELL GRANT

1. PERSONAL DETAILS

First name/*Ingoa*

Surname/*Ingoa whānau*

Title Previous name

Iwi..... *Hapū*.....

Mailing address/*Wāhi noho*

.....

Postcode City/*Taone*

Country/*Whenua*.....

Phone/*Waea* Cell phone/*Waea pūkoro*

Email/*Ī mēra*.....

2. LIANZA MEMBERSHIP

Minimum of five years membership required

Start date

Membership number

3. ATTACHMENTS

Please attach all relevant documentation from checklist below

Written statement summarising professional aim for research, study or travel

Plan & time-frame outlining how you will disseminate the results



EDITH JESSIE CARNELL GRANT

4. REFEREES

Name/*Ingoa*

Phone/*Waea*

Email/*Īmēra*

Name/*Ingoa*

Phone/*Waea*

Email/*Īmēra*

5. DECLARATION

I declare that,

1. I wish to apply for Edith Jessie Carnell Grant
2. I solemnly and sincerely declare that, to the best of my knowledge and belief, all the information in this application is entirely true and correct
3. I understand LIANZA may contact institutions or individuals named in this application to verify the information provided

Signed Date

Send completed application to officeadmin@lianza.org.nz



Library and Information Association of New Zealand
Te Rau Herenga O Aotearoa