



Annual Conference Scholarship Application

Date: _____

Name: _____ Phone: _____

Email: _____

Institution: _____

Title: _____

Is your museum/institution a MAM member?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What is your museum/institution's annual budget?	\$ _____	
Are you a paid employee of your museum/institution?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you an Individual member or listed as a member in your museum/institution's bundle?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever attended a MAM Annual Conference?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you received a MAM scholarship before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you a student?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

What are your reasons for attending the annual conference? How do they fit into your personal and professional goals?

Briefly outline your experience with museums. Are there any special museum projects you have worked on or are currently involved in?

Please mail completed form to: MAM Scholarship or museumsfmt@gmail.com
 PO Box 1451
 Helena, MT 59624