

**HLS PROFESSIONAL DEVELOPMENT AWARD
APPLICATION**

The completed, signed application and pertinent documentation **must be received by March 1**. Please type or print legibly all information requested.

PART I: APPLICANT INFORMATION

1. Name

2. Current Job Title

3. Name of Institution

4. Mailing Address

5. Telephone Number

6. Fax Number

7. Email Address

8. Institutional member of HLS _____ OR Individual member of HLS _____

PART II: PAPER/POSTER INFORMATION

On a separate sheet, please provide the title and abstract of your paper or poster that has been accepted for the MLA Annual Meeting. DO NOT include your name or other identifying information on this sheet.

Information supplied by me on this application is true and correct to the best of my knowledge, and I understand that misrepresentation may cause denial or withdrawal of the award.

Signature _____ Date _____

You may email application and abstract **in a Word document** or as a **PDF file** to seg@christianacare.org or ebelleh@christianacare.org

You may fax application and abstract to Sharon Easterby-Gannett or Ene Belleh, 302-733-1365. If you have questions, please call 302-733-1164 or 302-733-1696.

Deadline for receipt of all materials is March 1, 2011.