## **Lackey Scholarship Application Form**

Name:	
Address:	
City:	State: Zip:
E-mail:	
Phones: Day: ()	Evening: ()
I serve the genealogical commu	unity in a Paid: and/or Volunteer: position.
Organization/Employer Name:	·
Address:	
Position:	Years of Service
	rship, will your organization or employer provide additional e off, travel expenses, etc.)? Yes No
If yes, please describe:	
Check all of the following that a	apply.
I am an Archivist Historia	n Librarian Professional Genealogist
Other (please describe)	
I hold the following genealogic	al credentials: AG, CG,
<ul><li>GenFed/NIGR (Year(s) Company</li><li>IGHR (Number of Course &amp; Standard Cours</li></ul>	ber of Courses & Year(s) Completed)
I have attended the following c FGS (Year(s) Attended) NGS (Year(s) Attended) RootsTech (Year(s) Attended) Other (Specify)	

## **EXPERIENCE:**

Years of Personal Genealogical Research	Years Assisting Others
Describe your genealogical background (as an attachment)	
<b>BENEFITS:</b> Explain how attending the Insthe genealogical community (maximum 1 attachment)	
How did you learn of this scholarship?	
References are <b>not</b> requested or required references will be accepted.	l. If provided, a maximum of two
Signature:	Date:

The submission of an application signifies that you are available to attend the 2018 Institute if awarded the scholarship.