

**Continuing Education and Training Grant  
Indication of Support Form**

*To be signed and sent via email to Holli Duggan (holli.duggan@nebraska.gov)*

Name of Grant Applicant: \_\_\_\_\_

Name of Library: \_\_\_\_\_

Course or Conference: \_\_\_\_\_

I, \_\_\_\_\_, agree that the above individual's application for a grant from the Nebraska Library Commission has the support of the library.

If this person receives the grant, the library will make every reasonable effort to facilitate their participation.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Position

\_\_\_\_\_  
Email address

\_\_\_\_\_  
Telephone

Send to:  
Holli Duggan  
Continuing Education Coordinator  
Email: holli.duggan@nebraska.gov