

**Southwest Kansas Library System
CE Express Grant Application**

Name of Library: _____

Library Staff/Trustee: _____

Mailing Address: _____

City, State and Zip: _____

Phone: _____ E-Mail: _____

Workshop Title: _____

Workshop Date: _____ Workshop Location: _____

Total Mileage: _____ miles traveled.

Certification for CE Express Grant

(Librarian or Board Chair)

(Date)

Mail to: SWKLS – CE Grant Committee
100 Military Avenue, Suite 210, Dodge City, KS 67801
Phone: (620) 225-1231
Fax (620) 225-0252