私立大学図書館協会海外派遣研修参加申込書　（９/３０締切）

提出先：[kokusai-ml@jaspul.org](mailto:kokusai-ml@jaspul.org)　（ＰＤＦ変換してください）

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| 対象研修名 | 2026年　イリノイ大学モーテンソンセンターアソシエイツ・プログラム  日程：2026年6月1日（月）～6月24日（水） |

年　　月　　日提出

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| --- | --- | --- |
| 項目 | 日本語 | 英語 |
| 氏名 |  |  |
| 所属図書館等名称  （加盟館コード） |  |  |
| 所在地 | 枠は必要に応じて拡張してください。  次ページ以降の  Associates Program: Applicationのうち  Personal Information以外記入の上併せてご提出下さい。  このフォームは協会選考後センターへ提出が求められます。 |  |
| 部署・役職 |  |  |
| 連絡先  電話（職場・自宅等）  メールアドレス |  |  |
| 図書館、情報センター、または関連組織での現在の雇用および経験 |  |  |
| 英会話能力、英語の読解知識（自己評価）  \* TOEFL・TOEIC・英検スコア等・理解力 |  |  |
| 志望動機および特に学びたい内容 |  |  |

※　推薦状は任意様式（私立大学図書館協会国際図書館協力委員会あて、推薦者は館長等。



**2026 Associates Program**

***Poised for Impact: Data, User, Strategy-Driven Libraries***

**June 1 - 24, 2026**

**2026 Associates Program: Description and Application Guidelines**

**Program Objectives and Selection Criteria**

The mission of the Mortenson Center for International Library Programs is to strengthen international ties among libraries and librarians worldwide for the promotion of international education, understanding, and peace. To this end we have designed the Mortenson Center Associates Program to provide librarians and information specialists from outside the United States with knowledge and skills to become leaders and/or trainers of their colleagues upon their return to their home institutions. More specifically, the Mortenson Center Associates Program offers individuals working in a library and/or information services (LIS) setting outside the United States an opportunity to explore critical issues and trends in the library field and engage with librarians implementing cutting-edge programs and services. Applicants will be selected based on the following criteria:

* Current employment and experience in a library, information center, or related organization.
* Commitment to furthering the Mortenson Center’s mission within the applicant's own country.
* Willingness and ability to share what is learned while at the Mortenson Center with others in the participant's home country.
* **Participants should be fluent in conversational English and possess a reading knowledge of English. This program is delivered in English.**
* Career aspirations, effective communication and potential **impact** on users and the wider LIS field.
* Funding to attend the program.
* Letter of Recommendation (from supervisor/director/dean)

In addition to meeting and/or exceeding the selection criteria, acceptance also takes into consideration geographic and institutional representation and diversity, and the availability of space in the program.

**Funding for Program Participation**

Applicants must secure adequate funding to support their participation in the Associates Program to be accepted into the program. Applicants must provide official confirmation of all funding sources. An estimated budget is provided on the Mortenson Center website: [www.library.illinois.edu/mortenson](about:blank). After acceptance into the program, a **$200 non-refundable deposit** is required to secure participation in the program.

**Application Instructions**

Applications must be complete, received within stated deadlines, include all required attachments, and contain official confirmation of funding. Applications will be treated with the strictest confidence.

* All materials must be submitted in English, **typed responses** **are required**.
* The Mortenson Center reserves the right to verify all information given in the application.
* Participants must be prepared to work as team members with other Mortenson Center program participants and to participate as required by the program.
* Associates will not be permitted to join the program late or depart early.

**Application Deadline**

**2026 Associates Program: Application**

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| --- |
| **Please TYPE your responses on this form AND send with the following documents (PDF format):**   * **Curriculum Vitae** * **Letter of Recommendation from Supervisor or library director/dean** * **Image of Passport ID page** |

**Personal Information** (**\*IMPORTANT\* Name must exactly match your passport)**

***Surname:***

***Given Name(s):***

***Place of Birth:***

**City Country**

***Date of Birth:***

**Day Month Year**

***Gender:* Male Female Other**

***Marital Status:* Single Married ⁭ Widowed Divorced Separated**

***Citizenship:***

**Country Country of Permanent Residence**

***Valid Passport:* Yes No**

**Number Expiration Date**

***How did you learn of our program?***

**Visa Information**

***Do you have a current US Visa?* Yes No *If ‘Yes’, what type?***

***If ‘No’, do you agree to apply for a B1/B2 travel visa or waiver?* Yes No**

**Contact Information**

***Home Address:***

**Street Address**

**City Postal Code Country**

***Home Phone:* *Cell Phone: Cell Phone:***

***Preferred Email Address for Communication:***

**Professional Information**

***Position/Title:***

***Institution:***

***Institution URL:***

***Office Address:***

**City Postal Code Country**

***Office Telephone:***

***Office Email:***

**Source of Funding**

***Describe the funding you have available to support your study in this program. Be specific about the amount (in U.S. dollars) and the source of the funding.***

**English Language Proficiency**

[ ] I certify that I have the English language fluency (read, write and speak) to participate in a professional development program presented in English.

**Recommendation Letter**

***Please provide the name of your supervisor/Library director or dean who will be providing a recommendation letter on your behalf.***

***Name:*  *Title and Institution:***

***Relationship to You:***

**Program & Professional Development Goals**

***1. Why do you want to attend the Associates Program?***

***2. What are your learning goals for this program?***

***3. Whether you are a leader or an aspiring one, how do you hope this library leadership and innovation***

***program will enable you to make an impact and where?***

***4. Do you plan to share your experience and/or knowledge from the Associates Program?***

***If so, how and with whom?***

***5. How will the Associates program advance your professional and/or career goals?***

**Certification Agreement**

**I certify that the information provided in this application is complete and accurate to the best of my knowledge. If selected as a Mortenson Center Associate, I agree to abide by the stipulations of the Mortenson Center for International Library Programs.**

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**Signature Date**

**Email your application packet with the following documents:**

[ ] Completed typed and signed application form

[ ] Curriculum Vitae

[ ] Letter of Recommendation from supervisor/director/dean

[ ] Image of Passport ID page

TO:

[mortenson@illinois.edu](mailto:mortenson@illinois.edu)

**All applications are due by:**

**21 November 2025**

**Thank you!**