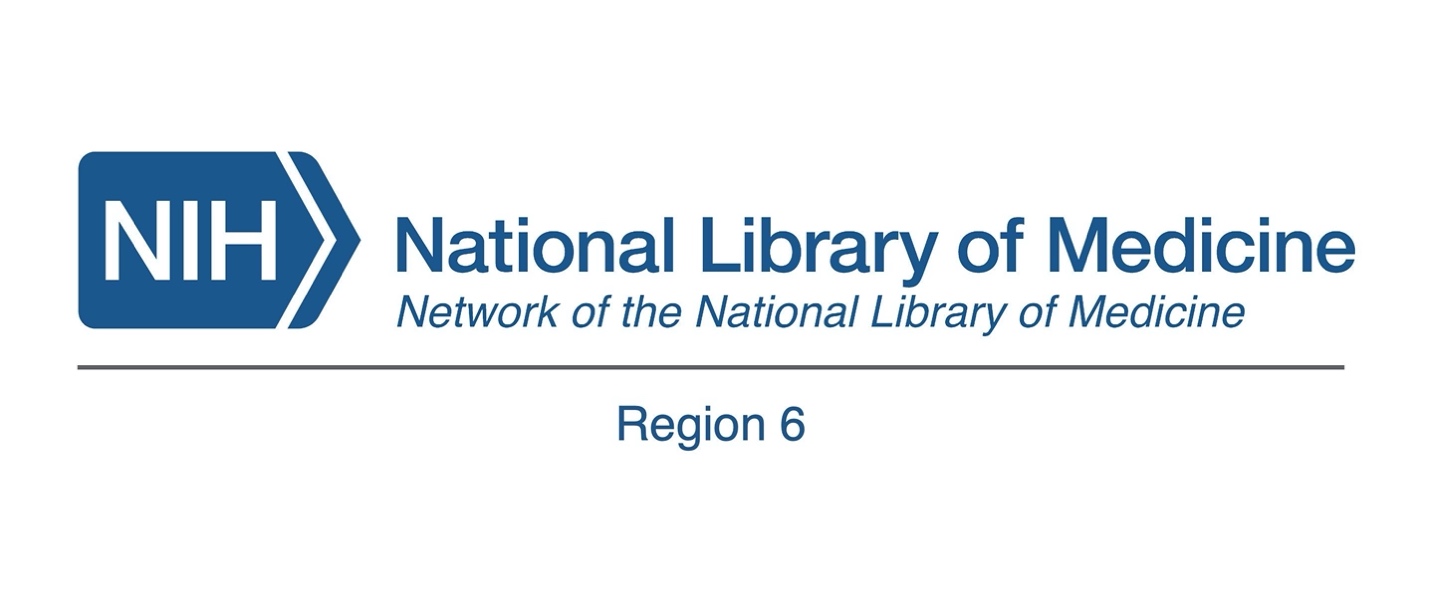
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1. Name
2. Email address
3. Stakeholder Advisory Group members must live and/or work in the state for which the advisory group serves. For which state are you applying?

* Illinois
* Indiana
* Iowa
* Michigan
* Minnesota
* Ohio
* Wisconsin

1. Please indicate what type of organization or professional role you represent.

* State library
* Public health
* Public library
* Health professional
* health sciences / hospital library
* nonprofit / faith-based
* Other (please specify)

1. Which of the following underrepresented populations / areas does your organization serve? Please check all that apply.

* Children (0-12 yrs.)
* Teens (13-18 yrs.)
* Adults (19-64 yrs.)
* Seniors (65+ yrs.)
* LGBTQIA+
* Women
* Rural
* Suburban
* Urban
* HIV/AIDS
* Maternal Health
* NIH Helping to End Addiction Long-term (HEAL) Initiative
* Opioids
* Vaping
* Socioeconomically Disadvantaged Populations
* Alaska Natives
* American Indians
* Asians/Asian Americans
* Blacks/African Americans
* Hispanics/Latin Americans
* Native Hawaiians
* Other Pacific Islanders

**Please answer the following questions in 1,000 characters or less**

1. Why do you want to serve on the State Advisory Group?
2. Please describe any experience you have participating in NNLM programs
3. What experience, if any, do you have performing outreach to underserved or underrepresented populations/areas?
4. What strengths will you bring to the State Advisory Group?
5. Is there anything you would like to add?
6. Please upload your C.V.
7. By submitting this application, I attest that I have reviewed the [SAG Charter](https://lor.nnlm.gov/op/op.Download_Share.php?documentid=3425) and will contribute actively to the Charge through April 30, 2026.

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