

Application Form
ARKANSAS LIBRARY ASSOCIATION
Scholarship
For Graduate Study in Library Science or School Library Media

Date _____

Full Name _____

Present Address _____ Telephone _____

Permanent Address _____ Telephone _____

College (s) attended _____

Degree(s) obtained _____

Graduate school planning to attend _____

(To qualify for the scholarship, this must be an ALA or an NCATE accredited school.)

Date of acceptance to graduate school _____

WORK EXPERIENCE

Position	Street, City, State	Dates
----------	---------------------	-------

1. _____

Reason for leaving _____

2. _____

Reason for leaving _____

3. _____

Reason for leaving _____

REFERENCES

Name	Street, City, State	Telephone
------	---------------------	-----------

1. _____

2. _____

3. _____

On a separate sheet, please add further pertinent information which should include a statement of career goals and what you feel you can give to the Arkansas library profession. List honors and awards, relevant committees on which you may have served, and send a transcript of your college hours. Please do not exceed two pages handwritten or typed double-spaced.

I have read the Statement of Policy concerning the granting of this scholarship, and I agree to abide by its stipulations.

Signature of Applicant