

Application Form
ARKANSAS LIBRARY ASSOCIATION
Annual Scholarship
For Graduate Study in Library Science

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 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

Revised 4/2010

