

Application Form  
**ARKANSAS LIBRARY ASSOCIATION**  
SLMS Scholarship  
For Graduate Study in 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 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

Revised 4/2010