



Arkansas Library Association

**Application Form
Annual Scholarship
For Graduate Study in Library Science**

Date:

Full Name:

Address:

Phone:

Email:

College (s) attended:

Degree(s) obtained:

Graduate school planning to attend:

Date of acceptance to graduate school:

WORK EXPERIENCE

Position, Street, City, State, Dates of Employment

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

Please return to:

Arkansas Library Association, PO Box 3821 Little Rock, AR 72203 Phone: 406-480-6249 Email: info@arlib.org

A completed ArLA Scholarship application form, a letter of application from the applicant, an official transcript, a resume and three letters of reference must be received by the ArLA Scholarship Committee postmarked no later than September 1 to be eligible for consideration.