Delaware Library Association

Advocating, Empowering, and Educating a Diverse Library Community.

# *Scholarship Application Form*

**DATE**

**APPLICATION FOR:**

- ☐ Charlesa Lowell Scholarship
- ☐ Grace Estelle Wheeless Scholarship
- ☐ Helen H. Bennett Scholarship

**APPLICANT INFORMATION**

Name

Home Address

Employer (if applicable)

Work Address

Preferred Phone #

Email Address

## EDUCATION

Colleges/Universities Attended:

School Name/City, State

Dates Attended

Degree(s) Awarded

Dates Degree(s) Awarded

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School Name/City, State

Dates Attended

Degree(s) Awarded

Dates Degree(s) Awarded

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School Name/City, State

Dates Attended

Degree(s) Awarded

Dates Degree(s) Awarded

Graduate Program Enrollment

School Name/City, State

Credit Hours Currently Earned Toward Degree

Anticipated Date of Graduation

## WORK EXPERIENCE

List employers and positions held with current position listed first. Include all library experience. Attach additional pages if necessary. You may attach a resume in support of work experience.

Dates

Employer

City/State

Position

Main responsibilities

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Dates

Employer

City/State

Position

Main responsibilities

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Dates

Employer

City/State

Position

Main responsibilities

## REFERENCES

List names and contact information for three references. At least one included reference should be a librarian who knows your work and/or abilities. The attached Confidential Evaluation of Applicant Form should be given to each reference to complete and return directly to the Scholarship Committee.

Reference 1:

Name

Phone

Email Address

Reference 2:

Name

Phone

Email Address

Reference 3:

Name

Phone

Email Address

Comments about contacting your references

## EDUCATIONAL EXPENSES

Number of course credit hours to be completed by July 1st-June 30th.

List anticipated educational expenses by category:

Tuition

Fees associated with enrollment

Books and materials

Travel associated with residency requirements

Board associated with residency requirements

Other

Total

## CERTIFICATION

I certify that the information in this application and attachments is correct.

**Signature/Date**

## DOCUMENTATION CHECKLIST

☐ Final transcript from institution awarding baccalaureate degree.

☐ Proof of acceptance in a graduate program.

☐ Transcript of graduate courses already completed (if any coursework toward an ALA-accredited degree has been completed).

☐ Narrative statement of 500 words or less, including:

- Specific documentation citing active participation in professional library organizations, library school activities, volunteer and work experiences, and any other related activities.
- Personal philosophy of librarianship.
- Personal future goals in the field of librarianship.

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## CONFIDENTIAL EVALUATION OF SCHOLARSHIP APPLICANT

**Applicant:** A print or electronic copy of this form should be provided to each reference listed on the scholarship application.

Applicant's Name

### SPECIFIC CHARACTERISTICS

| | Below Average | Average | Better than Average | Excellent |
|---|---|---|---|---|
| Initiative | | | | |
| Dependability | | | | |
| Efficiency | | | | |
| Human Relations & Social Skills | | | | |
| Academic Ability | | | | |
| Service to Library Users | | | | |

### COMMENTS

Please provide any written comments regarding your rating of characteristics. Additional sheets can be used if needed.

## REFERENCE CONTACT INFORMATION

Name (Please type or print)

Address

Phone Number

Email Address

Preferred Method of Contact ☐ Phone ☐ Email ☐ No Preference

Occupation or Business

Relationship to Applicant

**Signature of Reference** **Date**

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## DUE DATE

All reference forms must be received by January 31, 2018.
Please contact Katie McDonough if you have any questions.

Submission are accepted via mail or email:
Katie McDonough, Chair
DLA Scholarship Awards Committee
Delaware Division of Libraries
121 Martin Luther King Jr. Blvd.
North
Dover, Delaware 19901
katie.mcdonough@lib.de.us