



DLA Scholarship Application Form

 **DATE**

 **APPLICATION FOR**

Charlesa Lowell Scholarship

Grace Estelle Wheelless Scholarship

Helen H. Bennett Scholarship

 **APPLICANT INFORMATION**

Mr. Mrs. Ms. Miss Dr.

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

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ALA Accredited 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

 **DUE DATE**

All submissions must be received by December 1, 2016.

Submissions are accepted via mail or email:

Molly Olney-Zide

Chair, DLA Scholarships, Awards, & Citations Committee

University of Delaware Library

181 S. College Avenue

Newark, DE 19717

302-831-0869

mollyoz@udel.edu

 **ADDENDUM**

To be considered for the *Helen H. Bennett Scholarship*, applicants must sign the affirmation below.

Applicant's Affirmation of Intention to Work in a School Oriented Library in Delaware

Should I receive the Helen H. Bennett Memorial Scholarship, I affirm that I will aggressively seek employment in a school-oriented library in Delaware, exhausting every possibility towards this end. I agree to report to the President of the Delaware Library Association my efforts to obtain such employment every six months for a period of one year after the completion of the Master's Degree in Library Science.

Applicant's Signature

I, _____, a Notary Public, do certify that

_____ has this date acknowledged the same before me. Given

under my notary seal this _____ day of _____, 20_____.

Notary Public Signature

My commission expires



REQUIRED DOCUMENTATION TO SUBMIT WITH APPLICATION

Final transcript from institution awarding baccalaureate degree.

Proof of acceptance in ALA accredited 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.

Applicants for the Helen H. Bennett Scholarship should specifically document their participation in professional school library organizations and describe their personal goals in the field of school librarianship.



DELAWARE LIBRARY ASSOCIATION 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 (Typed or Printed)

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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