| 2020 SUFFOLK COUNTY LIBRARY ASSOCIATION |
| SCHOLARSHIP APPLICATION |

PLEASE TYPE OR PRINT ALL INFORMATION

Name_____
       Last   First   Middle

Mailing Address_____

City_____ State_____ Zip Code_____

Home Telephone (   ) _____ Work Telephone (   ) _____

Email_____

Home Address_____
(If different from above)

City_____ State_____ Zip Code_____

EDUCATION: List all junior colleges, colleges, universities, graduate and professional schools at which credit has been earned. Unofficial transcript(s) showing of a minimum of <u>12 credits</u> of Library Science courses must be attached to the application and received by the deadline. You may attach additional pages if necessary.

Institution	**Dates Attended**	**Major & Minor Fields**	**Degree & Date**

EXPERIENCE: Teaching, research, professional, military, internship, etc. Please begin with the most recent experience. You may attach additional pages if necessary.

Institution, Organization or Business (Include city and state)	Dates	Nature of Work/Job Title

MEMBERSHIPS: Please list all community and other organizations you are a member of, as well as honor societies, scholarships, awards, prizes or honors you may have received.

COMMUNITY/CIVIC/VOLUNTEER EXPERIENCES (brief description with dates):

PERSONAL STATEMENT: Please provide, on a separate page, a personal statement of no more than 300 words regarding your commitment and dedication to libraries and library service. Please explain how the education you are pursuing will enhance and contribute to your library duties, as well as benefit the library.

REFERENCES: Three (3) reference forms are enclosed. These should be given to persons (excluding family) who are well acquainted with your work or educational background, intellectual abilities, personal character and commitment to librarianship. List below the names and addresses of those to whom you have given the reference forms. An application will not be considered unless there are three references postmarked and sent *directly* to the committee chairperson no later than midnight, September 1st.

1.

2.

3.

How did you learn of this award?_____

In cases where more than one candidate meets objective criteria, it will be up to the best judgment of the SCLA Scholarship Committee to select the most qualified candidate. All decisions of the Committee are final.

I have read the instructions for filing an application and acknowledge that <u>I am a current member of the Suffolk County Library Association</u>. I agree to the conditions of this award and I certify that the above statements are correct and complete.

Signature _____ Date _____

RETURN THIS FORM (postmarked no later than September 1st) TO:
SCLA Scholarship Committee Chair, Emma Lodato
Bayport-Blue Point Public Library
203 Blue Point Ave.
Blue Point, NY 11715
631-636-6133
emma@bbplibary.org

2020 SUFFOLK COUNTY LIBRARY ASSOCIATION
SCHOLARSHIP REFERENCE FORM

TO THE APPLICANT:

1. Please fill in the name and address of your reference:

Name:_____

Address:_____

2. Enter your name and mail this form with the enclosed rating sheet directly to your reference:

Applicant _____ has applied for the Suffolk County Library Association Scholarship. We request your frank opinion of the applicant and assure you that we shall maintain such information in strict confidence. Please use the enclosed Reference Rating Sheet to share your opinion of the applicant's competence, promise and ability. Comment on any characteristics, which contribute to a favorable effect on the applicant's academic or professional career.

3. Provide your reference with a stamped envelope addressed to:

SCLA Scholarship Committee Chair, Emma Lodato
Bayport-Blue Point Public Library
203 Blue Point Ave.
Blue Point, NY 11715
631-363-6133
emma@bbplibrary.org

This form, together with the rating sheet, must be received from the reference stated above and be postmarked no later than midnight, September 1st in order for the candidate's application to be considered.

Thank you for your assistance.

Suffolk County Library Association
Scholarship Committee

2020 SUFFOLK COUNTY LIBRARY ASSOCIATION
SCHOLARSHIP REFERENCE RATING SHEET

Date _____

Applicant's Name _____

How long and in what capacity have you known the applicant? _____
_____

RATING

	Very Good +	Good	Average	Unsatisfactory	No Opportunity to Judge
Intelligence					
Productivity					
Integrity					
Initiative					
Oral Expression					
Written Expression					
Accepts Responsibility					
Judgement					
Interpersonal Skills					

COMMENTS _____
_____
_____
_____
_____