**2022 SUFFOLK COUNTY LIBRARY ASSOCIATION**

**CONTINUING EDUCATION AWARD**

Deadline:

September 15th

PLEASE TYPE OR PRINT ALL INFORMATION

# Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last First Middle

Mailing Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_\_\_ Zip Code\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Telephone ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_ Work Telephone ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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. You may attach additional pages if necessary.

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

**WORK EXPERIENCE:** Professional, military, internship, etc. Please begin with the most recent experience. You may attach additional pages if necessary.

## **Institution, Organization or Business** **Dates** **Nature of Work/Job Title**

*(Include city and state)*

**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. You may attach additional pages if necessary.

**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 coursework 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 a career in libraries. List below the names 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 15th.

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 I am a current member of the Suffolk County Library Association. 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 15th) 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

**2022 SUFFOLK COUNTY LIBRARY ASSOCIATION**

**CONTINUING EDUCATION AWARD**

**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 Continuing Education Award. 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 15th in order for the candidate’s application to be considered.**

Thank you for your assistance.

Suffolk County Library Association

Scholarship Committee

**2022 SUFFOLK COUNTY LIBRARY ASSOCIATION**

**CONTINUING EDUCATION AWARD**

**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** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_