

ACRL Scholarship Application

ALA Membership No. _____ Length of ACRL Membership: _____

Name of ACRL Event: _____

Name: _____

Current position title: _____ Date started: _____

Institution: _____

Mailing Address: _____

City, State, Zip _____

E-mail: _____ Phone: _____

Your current salary: _____

Library Director's Name: _____

MLS degree earned in (year) _____ at (name of institution): _____

Your ethnic background (*check only one*)

- African American Caucasian Hispanic
 Native American Asian/Pacific Other (specify) _____

Library Employment History

Please list below positions held prior to current position:

Institution/Title	From	To

Type of library currently employed by:

- College Library University Library
 Community & Junior College Library Private Sector/For Profit University

Amount of funding requested: _____

Signature of Library Director

Date:

I certify that the information that has been provided is correct. I understand that the Scholarship Committee will keep this information confidential.

Signature

Date:

Unless otherwise specified by the particular ACRL scholarship you are applying for, send to: ACRL Scholarships, 50 East Huron Street, Chicago, IL 60611.