

BRLA SCHOLARSHIP AWARDS APPLICATION FORM

Name: _____

Address: _____ City/State/Zip Code _____

Daytime Telephone: _____ Evening Telephone: _____

Fax: _____ E-mail: _____

I am enrolled in the study of library and information science at:

Since: _____ Expected Graduation Date: _____
(Semester and year) (Semester and year)

Name / Institutional affiliation / Telephone number of person writing a recommendation:

Name / Institutional affiliation / Telephone number of person writing a recommendation:

I understand that I must be a member of BRLA to qualify for a scholarship. I must submit a current resume and have 2 recommendation forms sent to the BRLA Scholarship Chair to complete my application (any incomplete applications cannot be considered). I also understand that the scholarships will be announced at the Awards Banquet in February 2018 and that the winners of the scholarships will be notified beforehand and they will be guests at the banquet.

Signature: _____ Date: _____