**Individuals who are graduating in May 2019 are not eligible due to the fact that payment is made to the graduate school for the following semester.**

**All scholarship applicants are required to meet and agree to the following requirements:**

* Florida residency
* Current membership in the Florida Library Association (FLA)
* Maintain some experience in a Florida library
* Admittance to the FSU or USF library/information graduate degree program
* Commit to work in a Florida library for a minimum of one year after graduation
* Commit to serve on an FLA committee during the year following graduation

**\_\_\_ FSU**

**\_\_\_ Bernadette Stork USF**

**\_\_\_ Minority\***

\*To qualify for a Minority Scholarship, the candidate must belong to one of the following ethnic groups: Black/African American, Hispanic/Latino, Asian/Pacific Islander, or American Indian/Alaska Native. A student may apply for the minority scholarship in addition to a scholarship to the school in which he/she is admitted.

***Deadline for submission of the application packet is Monday, December 10, 2018.*** Applications received by 11:59 PM EST on Sunday, December 2, 2018 will be permitted to make corrections to the application package should deficiencies or omissions be identified by the Scholarship Committee. Applicants submitting after Sunday, December 2, 2018 will not have the privilege of making corrections or supplementing the application with missing information.

***Complete application packets should be submitted via email as 1 pdf file to:***

**Natasha Williams, FLA Scholarship Committee Chair,** [**Natasha.Williams@ucf.edu**](mailto:Natasha.Williams@ucf.edu)

***Note:*** ***Paper submissions will not be accepted.***

**Application packet (as 1 pdf file) must include:**

* Completed application (Application must be signed by applicant)
* Current resume
* 3 Letters of Recommendation (Letters must be signed by recommender)
* Proof of enrollment (Letter of acceptance or current transcript)
* Proof of current FLA membership (For proof of membership contact Melissa Stokes at [melissa@flalib.org](mailto:melissa@flalib.org) )

**A. Personal and academic information**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name: |  | | | | |
|  | Last | First |  | Middle |  |
|  | | | | | |
| Email Address: | | |  | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Current Mailing Address: | | | | | | | Permanent Home Address (if different): | | | | | | | |
|  | | | | | | | | | | | | | | |
|  | | | | |  | |  | | | | | | | |
| Street | | | | |  | | Street | | | | | | | |
|  | | | | | | | | | | | | | | |
|  | | | | |  | |  | | | | | | | |
| City |  | | State | |  | | City | | | |  | | | State |
|  | | | | | | | | | | | | | | |
|  |  | ( ) | | |  | |  | | | |  | ( ) | | |
| FL Zip Code |  | Phone | | |  | | FL Zip Code | | | |  | Phone | | |
|  | | | | | | | | | | | | | | |
| Check the graduate program to which you have been admitted: | | | | | | | | | | | | | | |
| \_\_\_\_\_\_\_\_Florida State University School of Library and Information Science | | | | | | | | | | | | | | |
| \_\_\_\_\_\_\_\_University of South Florida School of Information  Expected Date of Graduation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*Note: Students scheduled to graduate*  *in May 2019 are not eligible to apply*). | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| Are you enrolled as a Florida resident? | | | | Yes | |  |  | No |  |  | | | | |
| What was your grade point average for the last 2 years of your Bachelor’s Degree (based on 4.0 = A): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |  | | | | |
|  | | | | | | | | | | | | | | |
| No. of graduate library/ information services hours currently enrolled: | | | | | | | | | | | | |  | |
| No. of graduate library/information services hours completed: | | | | | | | | | | | | |  | |
| G.P.A. for completed library/information services hours: | | | | | | | | | | | | |  | |
|  | | | | | | | | | | | | | | |
| If not currently enrolled, when do you expect to begin class work? (Mo/Yr) | | | | | | | | | | | | |  | |

**B. Library Work Experience**

List your library work or library volunteer experience, starting with the most recent.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Employer | | |  | Your job title | |
|  | | |  |  | |
| Supervisor’s Name/Title | | |  | Supervisor’s phone and email | |
|  | | |  |  | |
|  | | |  |  | |
| Dates Employed: | From | To |  |  |  |
|  | | |  |  | |
| Duties and Responsibilities: | |  | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Employer | | |  | Your job title | |
|  | | |  |  | |
| Supervisor’s Name/Title | | |  | Supervisor’s phone and email | |
|  | | |  |  | |
|  | | |  |  | |
| Dates Employed: | From | To |  |  |  |
|  | | |  |  | |
| Duties and Responsibilities: | |  | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Employer | | |  | Your job title | |
|  | | |  |  | |
| Supervisor’s Name/Title | | |  | Supervisor’s phone and email | |
|  | | |  |  | |
|  | | |  |  | |
| Dates Employed: | From | To |  |  |  |
|  | | |  |  | |
| Duties and Responsibilities: | |  | | | |

**C. Activities, Honors and Awards**

What professional activities, memberships, honors, awards, and/or offices have you received or held during the last 5 years? *Please remember to include items related to librarianship as well as additional scholarly activities.*

## D. Essays

Each essay should be 1 – 2 pages**.**

Essay #1. Why are you entering librarianship?

Essay #2. What are your career goals with respect to Florida libraries?

## E. REFERENCES

Three letters of recommendation are required as part of your application packet. Signature of the recommender is required on all recommendation letters. References of final candidates will be contacted to verify the information provided.

Reference letters should address the following:

* Length of time you have known the applicant.
* Capacity in which you have known the applicant (e.g., supervisor, co-worker).
* Your assessment of the applicant’s potential ability as a library professional.
* Applicant’s potential to successfully graduate from a library/information graduate program.

**Please read the following statement and sign before electronic submission of application. (pdf)**

I certify that the information in this application is complete and correct to the best of my knowledge. I authorize investigation of all matters contained in this application. I agree that if, in the judgment of the members of the Florida Library Association, information has been misrepresented in this application, the application will be considered void; if a scholarship offer has been made, the offer may be withdrawn.

I agree to notify the Chair of the Scholarship Committee, Florida Library Association of any changes in financial or academic status that could bear on this application or a scholarship award.

If I am selected for this scholarship**,** I agree to commit to one (1) year of library service within the State of Florida following graduation or to repay the amount of the scholarship within three (3) years. I also agree to serve on an FLA committee for 1 year after graduation.

Note: Scholarship checks will be disbursed within three months of the application deadline providing all required information has been received. Checks will be payable to the recipient and mailed to the library school in care of its Dean/Director in which the recipient is enrolled. Recipients are invited to be recognized at a general session of the annual conference of the Florida Library Association.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature |  | Date |  |